NURSING SERVICES

WARD ROUTINE & PROCEDURE

SONOMA STATE HOSPITAL

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This Nursing Service Ward Procedure Book
was revised and brought up to date by

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Superintendent of Nursing Services

and other members of the Nursing Services Administrative Staff.

Read and approved by

WILLIAM C. KEATING, JR.
Associate Superintendent

Effective October 10, 1958
and is to supersede any former regulations, directives, or procedures pertinent to ward operation and nursing care.

This Procedure Book
is to be used as an operating manual in conjunction with manuals of other departments of this hospital.

This volume is a reference and guide for ward operations. As it is used by ward personnel it may become apparent to the user that certain areas are

1) unclear
2) not covered, or
3) contrary to known policy.

Any procedure needing clarification or correction should be brought to the attention of the Area Supervisor, who can refer it to the Superintendent of Nursing Services for action.

HOSPITALIZATION OF MEMBER OF IMMEDIATE FAMILY - cont.

6.1 Visits to doctors offices for treatments, examinations, laboratory tests of member of immediate family...sick leave will be authorized under the following conditions:

A. When a member of the immediate family is injured or ill and requires EMERGENCY medical care.

B. Sick leave will be authorized when children are ill and require medical care.

C. Sick leave WILL NOT BE AUTHORIZED...for routine physical examinations ...medical treatment...laboratory tests...or dental care of a non-emergency nature for members of the immediate family.

PERSONAL ILLNESS - REASONS FOR WHICH SICK LEAVE NORMALLY IS NOT GRANTED

7.0 TIREDNESS, INDISPOSITION, RESTLESSNESS, FATIGUE, ETC., are not conclusive reasons for sick leave.

A. INABILITY TO WORK BECAUSE OF INTEMPERANCE is not an authorized reason for an absence on sick leave. For example, a "hangover" resulting from drinking liquor is not an authorized reason for absence on sick leave.

B. HEADACHE, NAUSEA, HAY FEVER, SUNBURN, ETC., are often so minor in degree as to not be valid reasons for absence from work.

C. MUSCULAR FATIGUE, such as results from overexertion in sports, gardening, etc., is not usually physically disabling and is not a conclusive reason for sick leave.

D. DISCOMFORT DURING MENSTRUATION is not typically a valid reason for an absence from sick leave. Absence almost every month should not be approved unless a physician certifies that because of menstrual difficulties the absence is necessary to protect the health of the employee.

E. PREGNANCY IS NOT A CONCLUSIVE reason for an absence on sick leave. With the permission of the agency, an employee who wishes to get additional rest during pregnancy may draw on her vacation credits. Frequent absence during pregnancy should not be approved as sick leave unless a physician certifies that because of a complication in the course of pregnancy, the absence is necessary.

F. AN ABSENCE TO TAKE A PHYSICAL EXAMINATION in connection with qualifying for a teacher's credential, to qualify for other employment, to get a marriage license, etc.:

1. Time off to take a physical examination required as part of a State Civil Service test is paid under the authority of Government Code Section 19332. It is not charged as sick leave.

2. Time off to take a physical examination required for entry into the recognized military service is paid under authority of Government Code Section 19331. It is not charged as sick leave.

TECHNICIANS' DUTIES REGARDING PATIENT CARE

TO SECURE THE SERVICES OF A PHYSICIAN FOR THE WARD

1.0 The ward physician is to be called on weekdays between 8:00 a.m. and 4:30 p.m.

A. If the ward physician can not be located in a reasonable time the relief physician for the particular ward should be called.

2.0 If neither of these physicians can be reached then the Medical O.D. is to be called.

A. To secure the services of the Medical O.D. call the telephone operator to find out who is Medical O.D. and have her locate the proper physician.

MEDICAL OFFICER OF THE DAY

1.0 The Medical Officer's tour of duty is between the hours of 4:30 p.m. and 9:00 a.m. the following day and he is responsible for the welfare of all the patients in the Institution.

A. In addition, on Saturdays, Sundays and legal holidays the Medical O.D. is responsible for the Institution from 9:00 a.m. on the day in question to 9:00 a.m. on the following day.

B. Calls for the Medical O.D. between the hours of 4:30 p.m. and 9:00 a.m. shall be routed through the Supervisors' office.

EMERGENCY PROCEDURE FOR WARDS

1.0 Any unusual circumstance or activity that seems to threaten the safety and security of the ward unit; such as:

A. Any catastrophe threatening the security of the ward unit.

B. A violent injury to either patient or employee.

C. A possible riot.

D. A serious accident involving either patient or employee.

2.0 The person or persons aware of the situation should immediately DIAL THE TELEPHONE OPERATOR to inform her of the emergency so she can secure aid to deal with the emergency.

A. The telephone operator will also inform Nursing Service Office of the existing emergency.

3.0 NOTE: Reporting of FIRE and CALLING MEDICAL O.D. have their own procedure.

See next page for GROSS EMERGENCY

GROSS EMERGENCY -- (USE OF TELEPHONE FIRE ALARM ALERT--Dial 7)

1.0 "GROSS EMERGENCY" is defined as a situation, other than fire or explosion, where the life or limb of a human being is endangered.

A. All telephone operators are instructed to report the use of Dial "7" for "gross emergency", in writing, to the Business Services office.

2.0 Recently an emergency occurred in which the personnel concerned were unable to contact the telephone operator immediately. The delay might have cost the life of a patient.

A. To prevent a re-occurrence of a similar incident, the telephone operator's immediate attention to any "gross emergency" may be attracted by dialing "7" (the Fire Alarm Alert). Dialing "7" rings an alarm bell at the Switchboard and all operators are instructed to answer this call at once.

B. The use of Dial "7" procedure for any other purpose than to report a fire, an explosion or a "gross emergency" is strictly prohibited.

TRANSFER OF PATIENTS - WARD TO WARD

1.0 Transfer slips originate on the patient's home ward.

1.1 The transfer slip is made out by the Ward Physician, then sent to the Physician in charge of the ward to receive the patient, who must approve the transfer.

2.0 After these two signatures are obtained, the transfer slip is sent to the Director of Pre-Admissions, who will approve or disapprove the transfer, depending upon current vacancies, anticipated vacancies, and the pre-admission list.

2.1 If the transfer is approved and signed it is then sent to Central Nursing Office.

3.0 Central Nursing Office will then notify the sending ward to complete the transfer. Normal procedure will see transfers completed only on Tuesdays. (R. & T. Unit refer to para. 11.0 of Admission Policies in "Patient" section.)

3.0 No transfer shall be effected prior to the receipt of the appropriate transfer request.

4.0 When the Technician's Daily Report is made up, all transfers are noted, the receiving ward shows an increase in population, the sending ward shows a decrease. (See page 51, para. 14.0 and 15.0)

4.1 These changes are then reported by Central Nursing Office to all departments concerned the next day so they are aware of the movement of patients in the Hospital.

5.0 Upon transfer of a patient an Individual Profile sheet is made up. Any recent changes in the patient or current activities of the patient are noted and this sheet must accompany the patient when transferred to the new unit. (See Sample - page 24 A)

5.1 Profile sheets are exactly what they say. They are made up on the ward by the Charge and Technicians and should give a quick over-all picture of the patient's ability, character, physical and mental status, etc.

S/89

INDIVIDUAL PROFILE SHEET

FROM: Ward # _____

TO: Ward # _____

DATE _____

COMMENTS:

	HOSPITAL #
	NAME
	COUNTY
	AGE
	I. Q.
	PLACID-UNSTABLE-PSYCHOTIC
	DISTURBED--CONSTANT-PERIODIC
	EPILEPSY -- YES - NO
	EPILEPSY CONTROL GOOD - FAIR - POOR
	CHRONICALLY ILL YES - NO - COMP.
	EATING HABITS FED - FEDS SELF
	AMBULATION WELL - LIMPS - CRAWLS
	CRUTCHES - WALKER (MECH.)
	WHEELCHAIR - BED
	ATTENDS SCHOOL CLASSES YES - NO
	SUITABLE FOR SCHOOL YES - NO
	HELPS WITH WARD WORK GEN'L - SIMPLE
	OFF WARD WORKER YES - NO - SUPV.
	SUITABLE FOR OUTSIDE PLACEMENT YES - NO
	ENGAGED IN REHAB. PROGRAM YES - NO
	COMPATIBLE TO UNIT YES - NO

To be filled out and transferred with patient.

SPECIAL INCIDENT REPORT - INSTRUCTIONS

1.0 Incident reports are to be considered as vehicles of information. They are to be used to communicate any unusual occurance or happening involving a patient to a number of different, interested persons.

Areas of Responsibility:

2.0 Employee: (The term "employee" describes any employee of any department of Sonoma State Hospital.) The employee in charge of the patient at the time of the incident, who observes or discovers the incident, makes out the initial phase of the report, filling in the information necessary to clearly explain the situation under the heading "Description of Incident in Detail", and signs where indicated.

3.0 Charge: When the incident occurs on or adjacent to a ward, the ward charge is responsible in an overall sense for seeing the Incident Report is completed according to existing rules and regulations by the parties properly concerned with supplying information required, that the proper persons are informed of the incident, that the correct distribution of the report is made, and that all who may be concerned with preparing an incident report are informed of the proper procedure. When the incident occurs outside of a ward area, this responsibility shall rest with the Supervisor.

4.0 Supervisor: The section "Investigation of Supervisor" is to be completed by the Supervisor in charge of the area (i.e. employee) in which the incident occurs. (i.e. if a patient is working off the ward, the Supervisor of the department to which the patient is entrusted is responsible for filling in the information obtained as a result of the investigation.) If the patient is on detail on a ward outside the supervision of the patient's assigned (home) ward Supervisor, the Supervisor of the ward on which the incident occurs is responsible for the "Investigation of the Supervisor".

5.0 Physician: The ward physician is to be notified and will fill out the "Physician's Report" on the Incident Report, except as follows:

A. If the ward physician is not on duty, his/her relief, or the O.D. is notified and fills out the "Physician's Report".
B. If an incident occurs involving an injury to the patient which requires immediate attention of a doctor, and the Ward Physician is not available, the most readily available physician is to be summoned. (Usually this will be the O.D.) In this instance, if the physician summoned treats the patient, or gives orders pertaining to treatment, this physician will fill out the report.

Distribution:

6.0 The report is to be made out with an original and three copies. After the employee completes filling in the necessary information, the third copy is immediately sent to Dr. Nelson's office. The remaining original and two copies are then made available to the proper Supervisor for completion of their investigation, who then makes them available to the Physician for completion of his/her report.

ACCIDENT REPORT #1 -- (Personal Injury)

1.0 In case of an injury, the Technician should fill out the "PINK ACCIDENT REPORT" in duplicate.

A. Make as soon as possible after an accident occurs.

B. The report should be in the office of the Superintendent of Nursing Service within 24 hours after the accident happened.

C. Be explicit.

D. If witnessed by another employee, have such employee write his/her statement of the incident.

See Sample #1 on next page.

NOTICE (Smoking)

1.0 Smoking in the Auditorium is prohibited during patient activities, but is permitted during employee activities (providing the employee procures and makes use of the available ash tray supply), and smoking is always prohibited on the stage of the Auditorium.

A. These regulations are in keeping with the recommendation of the Institutional Fire Marshall and it is only proper that smoking not be indulged in by employees when patients are present and are not extended the same privilege.

RELEASE OF INFORMATION CONCERNING PATIENTS

1.0 Nursing Service Personnel (this includes nurses and technicians) should release no specific information about patients in their charge other than the daily status of the patient.

2.0 The following statements are the Institution's policy regarding the release of information:

A. In general, no information regarding a patient will be released without the written permission of the patient or his guardian.

B. When the medical record of a patient is requested by an employee, permission must be obtained from the ward physician.

C. A Federal Agency is entitled to specific information in answer to specific questions, but if a complete medical and psychiatric history is requested, approval must be obtained either from the patient or the Superintendent of the institution.

D. Courts are entitled to information concerning patients, and this must be given by the Superintendent, Clinical Director or a designated representative.

E. In general, information requested by social service agencies will be furnished by our Social Service Department, according to the needs of the individual case.

F. All items of a doubtful nature will be referred to the Superintendent or the Assistant Superintendent for a decision.

PAY DAY - YOUR CHECK

1.0 Pay Day is always on the first of the month except when the first falls on a Sunday or a Holiday.

1.1 A table of pay periods is on the opposite page.

1.2 Following are a few suggestions for you to bear in mind if you are interested in getting your pay check as early as possible and on time.

A. Make sure your Absence Request (Form #634) has been properly completed and approved by your Supervisor and is in the hands of the Timekeeper well before pay day. This is your personal responsibility.

B. With over 1300 employees to serve on each pay day the Timekeeping and Personnel Offices are extremely busy in their efforts to see that each individual receives his pay warrant, that it is for the correct amount and that all absence requests are in and approved before the check is released to the employee. Any time required to answer questions on sick leave, vacation, salary increases, etc., on the day before, or on pay day, only increases the workload and delays operations all around. Therefore, unless there is an extreme emergency and dire need for such information, postpone your questions until AFTER PAY DAY - PLEASE!

C. If you have not been employed long enough to have earned and accumulated sick leave or vacation and must be absent, you must be docked for the days which you were not on duty.

2.0 The Timekeeping Office tries to report all docks as soon as they are informed of them in order that the employee may receive as much of his check as possible without undue delay.

3.0 Normally the 23rd of each month is the "cut-off" deadline unless the 23rd happens to be a Saturday or Sunday, then the last Friday before the 23rd is "cut-off". If the 23rd falls on Monday, the preceding Friday becomes the "cut-off" date. If the 23rd falls on a Holiday, the day before becomes the "cut-off" date.

A. The "cut-off" date is the deadline date on which the State Disbursing Office must have all information pertaining to employees' pay for that pay period.

B. When the Timekeeping Office must report a changed attendance after the "cut-off" date the pay check must be reissued and consequently delayed.

SALARY ASSIGNMENT - TERMINAL PAYMENTS

1.0 Every employee who borrows from our local California State Employees' Credit Union signs a salary assignment. If the amount borrowed is large enough, this employee may also be required to sign a retirement contribution assignment.

2.0 If at the time an employee separates he owes money to the Credit Union the Credit Union will indicate on the Clearance Sheet whether they wish the employee's terminal (severance) pay check, his retirement money, or both.

A. When the Credit Union wants only the final pay check(s), the checks are turned over to them when received. The statement of earnings and deduction are attached to a notice sent to the employee telling him that his or her final check(s) has been turned over to the Credit Union.

GARNISHMENTS

1.0 A garnishment against an employee's wages, or salary, is a legal action taken by a creditor to collect money owed to him by the employee.

2.0 When a creditor takes such action he causes to be served on the Personnel Officer of the Hospital an Abstract and Affidavit of Judgment bearing the amount he wishes to collect.

A. The garnishment applies to only one-half ($\frac{1}{2}$) of the earnings of the employee as due him up to and including the date on which the abstract and affidavit is served on the Personnel Officer.

3.0 When the Personnel Office receives an Abstract and Affidavit of Judgment we are legally obligated to submit documents to the State Controller indicating the total amount the creditor wishes to collect. The Controller computes the amount to be deducted as allowable under law and the amount is deducted from the employee's check.

A. The employee is sent a notice by the Personnel Office immediately upon service of the Abstract.

SONOMA STATE HOSPITAL GRIEVANCE PROCEDURE

1.0 It is our desire that your service here may bring you a minimum of work-related gripes. Also, we want such as may occur to be quickly resolved.

2.0 It is with these interests in mind that the following Grievance Procedure has been developed. It is for the use of any employee with a problem, unhappiness, or dissatisfaction with his working conditions. It provides a relatively simple means for appeal of such matters to:

A. Your Supervisor

B. Your Department Head

C. The Assistant Superintendent of Medical Services

D. The Director

3.0 It is to be used freely with the understanding that retaliation for its use is not tolerated. Questions on its use may be discussed with your Supervisor or with the Personnel Officer, from whom these forms are available.

5.0 If the employee is not satisfied, he may appeal to the Director of the Department of Mental Hygiene by re-submitting the original Grievance Report to the institution personnel officer, who shall immediately transmit his office copy and the original Report to the Director via the Departmental Personnel Officer. The Departmental Personnel Officer will review the file, making such investigation as is necessary, and forward his findings to the Director. The Director shall indicate his decision and reason on the forms, return the copy to the institution, and mail the original directly to the employee. This step shall be completed within fifteen working days.

6.0 In those matters where final jurisdiction lies outside the Department, the employee may appeal an adverse decision to the appropriate body after exhausting departmental remedies. There shall be nothing in this procedure that denies the employee his rights under the law.

General Provisions

7.0 For good reason the institution personnel officer or the Departmental Personnel Officer can authorize in writing an employee to bypass one or more steps in the grievance procedure.

The institution personnel officer is responsible:

A. For advising the employees and supervisors regarding procedure.

B. For assisting and ascertaining facts.

C. For insuring that time limits are adhered to.

OUTLINE OF GRIEVANCE PROCEDURE

Procedure	Employee Action	Department Action	Time Limit for Dept.
1.0	Talks to immediate supervisor	Supervisor advises employee of adjustment and the reasons for his decision.	
2.0	Obtains three Grievance Report forms from the institution personnel officer or other designated person, completes his section and files all copies, either personally or through his representative, with the institution personnel officer.	Institution personnel officer obtains on the Grievance Report forms the decision, including reasons, from the employee's immediate supervisor, retains one copy and sends original and copy to employee.	2 working days
3.0	If he wishes to appeal, he or his representative may re-submit original Grievance Report to the institution personnel officer.	Institution personnel officer immediately forwards his office copy and original Grievance Report to the appropriate reviewing official, who, after discussion with the employee or his representative, enters his decision, including reasons, and returns to the institution personnel officer. The copy is retained and the original sent to the employee.	3 working days
4.0	If he wishes to appeal the above decision, he or his representative re-submits original Grievance Report to the institution personnel officer.	Institution personnel officer investigates, attempts to promote agreement, and reports the facts on Grievance Report. The copy is retained and the original sent to the employee.	5 working days
A	Re-submission of the Grievance Report to the institution personnel officer will be considered as an appeal to the Superintendent.	Institution personnel officer immediately forwards original and copy of Grievance Report to the Superintendent, who, after discussion with the employee and/or his representative, indicates his decision and returns forms to institution personnel officer. The copy is retained and the original sent to the employee.	5 working days

Procedure	- Employee Action	Department Action	Time Limit for Dept.
5.0	Re-submission of the Grievance Report to the institution personnel officer will be considered as an appeal to the Director of the Department of Mental Hygiene.	Institution personnel officer immediately forwards original and copy of Grievance Report to Departmental Personnel Officer, who investigates and forwards his findings to the Director. The Director's decision is indicated, the original form is sent directly to the employee and the copy to the institution personnel officer.	15 working days
6.0	Presents written appeal with statement of departmental action in those cases where final authority lies outside of the department.		

SONOMA STATE HOSPITAL

No. _____

GRIEVANCE REPORT

Name of Employee _____ Date: _____

Title _____ Unit _____

Employee's Statement of the Difficulty

Signed _____ Date _____

To be completed and returned to the institution personnel officer before _____

Decision of Supervisor

Reasons

Signed _____ Date _____

To be completed and returned to the institution personnel officer before _____

Decision or Reviewing Official

Reasons

Signed _____ Date _____

(See reverse side)

FLOWER PICKING

1.0 Careful planting of annual flowers have given the front areas of the grounds a lot of color.

2.0 It is therefore requested that all employees refrain from picking flowers or shrubbery at any time within the grounds of the Hospital.

3.0 Your cooperation in this matter will assist us in maintaining a high standard in the appearance of our grounds.

REMOVAL OF SURPLUS GARBAGE AND TABLE SCRAPS

1.0 Employees will not be permitted to remove scraps from any service area or ward kitchen.

A. The ONLY exception will be applicable to employees' dining room where employees will be permitted to take whatever table scraps remain from the employee's given meal in normal and acceptable amount.

2.0 We wish to advise all employees that deviations will result in disciplinary action by the appropriate division chief.

A. Your attention is also invited to the regulation governing State Property and Supplies.

See following pages.

STATE PROPERTY AND SUPPLIES

1.0 We direct the attention of each employee to Circular Letter #2045 of the Department of Mental Hygiene concerning State property, which reads as follows:

A. "State property and supplies of all kinds must be conserved and protected.

B. Institutional procedures designed to prevent misuse of supplies, wastage and theft must be scrutinized carefully so that control is adequate. An efficient checking system is particularly important in handling foodstuffs, farm produce, mechanical supplies, housekeeping supplies, clothes and drugs.

C. You are herewith directed to put into effect immediately those methods that in your particular institution will be effective and will ensure that no loss will accrue from wastage, misuse or theft."

2.0 Please note that the foodstuffs supplied through the commissary to all kitchens and dining rooms are State property and the food is to be served only to our patients. All employees are now on gross salary and may partake of State food only after surrendering an appropriate meal ticket and being served in the employees' dining room. Any employee otherwise consuming or taking State-purchased food, equipment or supplies will be violating a Departmental order and will be dealt with according to the seriousness of the offense.

3.0 It is the responsibility of each employee to comply with these regulations. In the Nursing Service, it is particularly the responsibility of each Charge Technician and each Supervisor to see that the employees under his/her supervision strictly observe these directions.

REPORTING MISUSE OF STATE PROPERTY AND SUPPLIES

1.0 During the course of a recent investigation involving misuse of State Property and Supplies, it was conclusively noted that the Ward Charge Technician responsible had failed to officially advise the Area Supervisor and others directly concerned, in writing, that State supplies and materials had been improperly removed from the ward.

A. The investigation was initiated as a result of observations from another source and, as a result, the employees responsible were suspended.

2.0 The official policy of Sonoma State Hospital relating to the protection of State Property and Supplies was issued on June 18, 1957, and a copy of this memorandum should be available on all ward bulletin boards.

2.1 In addition, each employee should be aware of Section 89, Incompatible Activities,

A. "No employee shall use for private gain or advantage the time that he is required to devote to the performance of his state duties or the facilities, equipment, or supplies of the State."

3.0 It is important that all levels of supervision be aware that whenever State Property is missing or misused, a report should be forwarded directly to the Superintendent of Nursing Services, with a copy to the office of the Assistant Superintendent, Business.

A. The report should indicate the nature of the item or items missing and whatever circumstances and facts the employee is able to outline.

B. If the misuse of State supplies involves patients and employees, the report should be placed on a Special Incident Form, in which case a duplicate should be forwarded to the Assistant Superintendent, Business.

C. Cooperation of all supervising levels concerned will insure more effective internal controls and contribute to effective utilization of State equipment and supplies.

SMOKING REGULATIONS

1.0 The spread of many contagious diseases, such as dysentery and infectious hepatitis is by way of the mouth. Hundreds of things that we do each day, of which we are not aware, cause us to put our fingers to our mouths. For this reason, it is absolutely necessary to wash your hands frequently, especially after handling any patient or article.

2.0 One of the most common methods of transferring disease organisms to the mouth is in the process of smoking. Therefore, it has been long-standing public health and nursing practice never to smoke while handling food or patients. The Public Health Committee and the Public Health Officer of this hospital wish to re-emphasize that for these reasons smoking is not permitted while food is being handled, or in any area where patients are being cared for. Those who wish to smoke on the wards can do so in the Nursing Office or in the restroom.

A. These regulations are for the health and safety of all.

MEDICAL CARE AND HOSPITALIZATION OF EMPLOYEES

1.0 Following are excerpts from the Department of Mental Hygiene Rules and Regulations:

A. Officers and employees shall not be entitled to drugs, dental, medical and surgical service at the institution but must secure such services personally, except as hereinafter outlined.

B. In case of emergency the superintendent may authorize medical, surgical or hospital service for officers and employees. The Superintendent shall be the judge of what constitutes an emergency.

C. Where officers and employees are provided with emergency medical service, they shall reimburse the State for the value of such service, drugs or hospital room furnished at cost to the State.

2.0 These rules are being called to your attention because of the many requests by employees for medical care. Although Rule B states that the Superintendent shall decide which cases are true emergencies, this is being left to the good judgment of the Medical Staff. Medical attention will be given by our staff doctors to employees only in case of genuine emergency.

3.0 Please note that there will be charges for Hospitalization, X-rays, Laboratory work, and drugs supplied to employees.

EMERGENCY CARE - EMPLOYEE

NAME_____ DATE_____

HOME ADDRESS_____

DEPARTMENT WORKING_____

NATURE OF INJURY_____

_____

_____

_____

FIRST AID, MEDICATION, TREATMENT GIVEN_____

_____

_____

FURTHER TREATMENT NECESSARY?_____

REFERRED WHERE?_____

SIGNATURE OF EMPLOYEE_____

SIGNATURE OF DOCTOR_____

Please complete in duplicate

CLAIM FOR DAMAGE TO EMPLOYEE'S PERSONAL PROPERTY

Instructions to Employees

This form is to be used in claiming reimbursement for repair or replacement of employees' eye glasses, hearing aids, dentures, watches, or articles of clothing, necessarily worn or carried, when damaged in the line of duty without fault of employees, under Government Code Section 19258.

You must obtain a receipted bill in duplicate from the doctor or firm replacing or repairing the damaged article. Include a statement showing the age, type and value of the damaged article. In the case of eye glasses, the type of lens must be specified (such as "bifocal", "trifocal", etc.), and an itemized bill must be supplied from the optometrist or other specialist showing the price of each item that was replaced and bearing a statement "No charge for eye examination". If these directions are not followed the "Claim for Damage to Employee's Personal Property" forms will be returned to the employee for correction.

Date of Accident_____
Time:_____AM_____PM_____

1. Name_____ On Duty _____
2. Classification_____
3. Home Address _____
4. Age_____ (Check X) Male_____ Married_____
   Female_____ Single_____
5. Exact place of accident _____
   (Give specific location, such as "front door Lux Cottage")
6. What were you doing when accident occurred?_____
   _____
7. How did accident happen? _____
   _____
   _____
   _____
   _____

Signature of Employee _____

Date of this Report _____

Witness _____

REPORT OF IMMEDIATE SUPERVISOR

a. Did you personally confirm the accuracy of the above statements?_____

b. Did your investigation develop anything not covered above?_____

c. REMARKS: (Include recommendations for preventing similar accidents)

_____

_____

_____

_____

Date:_____ Time:_____ Signed:_____

EMPLOYEE'S BILL TO STATE OF CALIFORNIA

(To be filled in and signed by the employee claiming damages)

TO: _____ State Hospital

For repair/replacement of _____ damaged by patient on _____
(cross out one) (article) (date)

in the amount of $_____ as indicated by attached bill (in triplicate) for same.

This represents the actual value of the article at time of damage.

Signature of employee _____

Title _____

STATEMENT OF SECTION CHIEF

I have personally investigated the claim of _____
(name of employee) (title)

that his/her _____ was/were damaged by a patient on _____
(article) (date)

necessitating repair/replacement at a cost of $_____ as shown on the attached bill and find that the circumstances as set forth in Accident Report are correct.

Date:_____ Signature _____

Title _____

SONOMA STATE HOSPITAL
Eldridge, California

STATEMENT OF SICK LEAVE ABSENCE
From December____through November____

NAME OF EMPLOYEE:_____

DATES OF ABSENCE	NUMBER OF DAYS EXCLUDABLE	REASON	AMOUNT DEDUCTIBLE
_____to_____	_____		$_____
_____to_____	_____		$_____
_____to_____	_____		$_____
_____to_____	_____		$_____

ADJUSTED SICK LEAVE WHILE ON DISABILITY COMPENSATION* STATUS

DATES OF ABSENCE	NUMBER OF DAYS USED	AMOUNT DEDUCTIBLE
_____to_____	_____	$_____
_____to_____	_____	$_____
_____to_____	_____	$_____
_____to_____	_____	$_____

*NOTE CAREFULLY: If you were on Disability Compensation Status the payments made to you by the State Compensation Insurance Fund are not included in your W-2 as such payments are not taxable, therefore, only the Adjusted Sick Leave payments made to you by the State Controller's Office, as listed above, are excludable income, in addition to sick leave payments listed, if any.

SONOMA STATE HOSPITAL

Eldridge, California,_____
(Date)

_____
Personnel Clerk

Per.4A

Relation to the State Retirement System

7.0 These benefits are unrelated to and exclusive of the benefits available through the State Retirement System.

Claims for Loss of Personal Articles

8.0 Replacement of dentures and broken glasses will be made when the accident also causes personal injury. Calims for torn or damaged clothing, hearing aids, wrist watches and, where no work-connected personal injury is involved, claims for eye glasses, dentures and artificial members are not covered by compensation insurance. Such claims should be made to the Board of Control, through the Personnel Office, in the manner described in the institution's procedure manuals. (USE YELLOW REPORT)

Booklets giving more detailed information on benefits available to employees under Workmen's Compensation Law of California may be obtained at the Personnel Office.

Sonoma State Hospital, Personnel Office

MEDICAL ATTENTION FOR EMPLOYEES AND VISITORS

1.0 Physical and legal limitations make it impossible to give extended or regular medical service or hospitalization to other than our patients. However, it is our responsibility as employers and as medical institutions to grant effective and prompt emergency first aid medical attention to all employees and visitors who are taken sick or are injured while on hospital property.

2.0 Emergency first aid medical attention involves the prompt application of available medical measures, including required temporary hospitalization, needed to carry the individual in as good condition as possible until he has been placed under the charge of his own or another qualified physician, or, in case no further medical attention is necessary, until he can properly care for himself. This responsibility includes contacting the physician and arranging for removing of the individual to a suitable hospital or to his home, when necessary. In case the individual is unable to indicate a physician, the institution should suggest qualified physicians.

REPORTING TO DUTY FOLLOWING ABSENCE

1.0 All employees returning to duty following an absence such as sick leave, vacation, jury duty, absence, authorized leave of absence or return from a deportation trip are required to notify their Division Office of their expected return the day before they report back to work. All employees are also required to phone their Division Office as soon as they arrive on duty the first day back on the job.

2.0 It will be the responsibility of the employee to make out his/her sick papers Form #634, (See sample, page 9) as soon as possible after return to duty. Form #634 is to be completed within three days after return to duty and submitted to the employee's Supervisor in the Division Office for his/her signature of verification of time off. It is the Supervisor's responsibility to see that Form #634 is sent to the Timekeeper. It is expected that the [redacted] Charge of the shift will assist the Technician, if necessary, in completing this form. These forms are available on the ward for the employee's convenience.

2.1 Any employee off on compensation or extended sick leave will be required to complete form #634 and furnish a doctor's certification before going to work, stating that he/she is now fully capable of performing any and all duties required of his/her assignment.

3.0 No Form #634 will be signed by any Supervisor on pay day if it is not in accordance with 2.0 and 2.1 above, or unless the Form #634 covers the last two days of the pay period, or if the employee is still off duty.

REGULAR LEAVES OF ABSENCE - cont.

REINSTATEMENT:

4.0 At the expiration of the leave the employee has an absolute right of return to his position.

A. Failure to return to the position at termination of a leave is an automatic resignation from State service.

B. If the leave was for illness or injury the personnel office must be supplied with a statement from an attending physician releasing the employee to return to duty at the termination of the leave.

DEDUCTIONS, INSURANCE PREMIUMS, C.S.E.A. DUES, ETC.:

5.0 You must pay group insurance premiums or C.S.E.A dues, etc., direct to the insurance company and C.S.E.A. during your leave of absence as you will have no earnings from which they can be deducted.

SALARY ADJUSTMENT:

6.0 If the employee has not reached the maximum rate of his classification his normal date for an annual salary raise will be postponed by the number of months taken for the leave of absence.

OTHER TYPES OF LEAVE:

7.0 The above information concerns regular leaves and does not relate to other types of leaves which may be granted such as for military duty, loan to other agencies and for veteran's education.

Questions unanswered above may be discussed with the Personnel Office - (Ext. 369).

It is to your advantage to discuss your proposed leave of absence with your Supervisor and the Personnel Office well in advance of the date you expect to start your leave.

REGULAR LEAVES OF ABSENCE

ELIGIBILITY:

1.0 May be granted a permanent civil service employee or a probationer who either:

A. Immodiately preceding his appointment held permanent civil service status in another class.

B. Was prevented from completing his probationary period by entry into U.S. military service.

C. Requires it for temporary illness or injury.

1.1 Leaves can be granted only those expecting to return to state civil service.

REASONS:

2.0 To attend school or college or to enter training to improve quality of service:

A. Temporary incapacitation by illness or injury. A request for leave for illness or injury must be accompanied by a physician's statement verifying the need and indicating the duration of leave required.

B. Pregnancy.

C. Loan to another governmental agency.

D. For employment in civilian war work or for some other equally satisfactory reason.

2.1 Except as indicated above, leaves cannot be granted those accepting other employment.

LENGTH:

3.0 Up to the discretion of the institution:

A. Leave is expressed in terms of full calendar months and begins the day following the last day worked or that the employee was carried on sick leave, vacation or overtime.

B. The total leave may not exceed one year.

C. Requests to return to work before expiration of the leave or to extend the leave should be made to your supervisor well before the effective dates. Both require approval by the Personnel Officer.

HOW TO OBTAIN A LEAVE OF ABSENCE

1.0 In order to obtain a Leave of Absence without pay, an employee is to see his or her Division Supervisor who will make the initial entries on form #605.

1.1 The employee will then take the approved form to the Personnel office for further processing.

(See Sample, page 16 B)

6.0 continued)

Distribution of the remaining three sheets is as follows: The original copy goes to the Reviewing Officer (i.e. Asst. Superintendent, Medical or Psychiatric). One copy goes to the patient's ward. In all cases this copy of the incident report, which is to be filed in the patient's ward chart, is to be held in the charge's office until initialed by the ward physician and only then shall the report be filed in the patient's ward folder. If the incident occurs while the patient is entrusted to some department other than Nursing Service and the "Investigation of the Supervisor" has been completed by other than Nursing Services personnel, the last copy goes to that Supervisor's office, for his/her file. Otherwise, this last copy is an extra to be held on the ward for a couple of weeks. It may be used for immediate reference and then may be destroyed.

Miscellaneous Instructions:

7.0 If two or more patients are involved in the incident, one report is made out for each patient. Each report should reflect all patients involved with the name of the patient for which each report is made appearing first.

8.0 If the incident occurs off the ward, and the attending physician decides it is necessary to send the patient to the hospital, the ward is to be notified immediately and the medical record sheet is to be immediately sent to the hospital for the Doctor's information.

9.0 NOTE: EMPLOYEE INCIDENT REPORTS are made up on the Pink form - in duplicate. (see Employee section of Procedure Manual, page 24.)

FORM 717 (REV. 12-55)

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

26

SONOMA STATE HOSP.
(HOSPITAL)

SPECIAL INCIDENT REPORT

Sample

Whenever an incident occurs that is either physically or psychologically harmful to a patient, such as abuse, accident, assault, escape, injury, suicide, etc., an immediate investigation shall be made and a report written by the employees listed on this form.

WARD #57 - Slater DATE 310-159 HOUR 2:15 AM

PATIENTS INVOLVED

Name Brown, Jane Case No. 23456

Name Case No.

Name Case No.

Name Case No.

DESCRIPTION OF INCIDENT IN DETAIL

Jane, Brown, an epileptic patient, had a siesure during which she fell out of bed. She hit her head against the adjoining bed and received a three-inch cut on her chin. Bleeding was profuse. Dr. X. - O.D. was notified at 2:25 AM and responded at 2:40 A. M. Pressure had been applied to the area until the Doctor arrived.

WITNESSES OR ASSISTANTS:

Mary Smith

Jane Black

Joan Gray
Employee in charge of patient at time of incident

INVESTIGATION OF SUPERVISOR

I hereby certify that I have made a careful investigation of the occurrence noted above, including examination of the patient, and I find:

(This space to be filled in by the Supervisor in charge of the area where the incident occurred. If the patient is on off ward activity of any kind, the Supervisor of the area to which the patient is entrusted will complete this information.)

Date Hour [SIGNED]
Supervisor

(OVER)

FORM 717—SPECIAL INCIDENT REPORT

PHYSICIAN'S REPORT

INCIDENT CORRECTLY REPORTED: Yes ☐ No ☐

Additional History: _____

_____

_____

_____

Findings and Treatment Given: _____

_____

_____

_____

_____

INCIDENT SHOULD BE INVESTIGATED FURTHER: Yes ☐ No ☐

Reasons: _____

_____

_____

Date_____ Hour_____ Signed by_____, M.D.

COMMENTS OR ACTION TAKEN: _____

_____

_____

_____

_____

_____

Date_____ Hour_____ Reviewing Officer_____, M.D.
(Clinical Director or Assistant Superintendent)

56677 5-57 100M ④ SPO

(Blank spaces to be filled in by Hospital Staff) 27

HOSPITAL ADMISSION AND SUMMARY SHEET

Religion Catholic-Protestant-Jewish-etc.

Male _____
Name: Doe, Jane Female X Hospital No _____
(Last) (First) a.m. _____
Birth date: 12-1-33 Date Adm. to Hosp. _____ Hour: p.m. _____
(Write on line above date and time admitted to Hosp

Service _____ Hospital Ward: _____

Intelligence Level 89 Clothing: To Ward ____) Retained ____) None ____) Check one.

From Ward: #25 Walnut Referring Physician: J.J.Jones M.D.

By: Mary Smith Technician

Standard Code No. | FINAL DIAGNOSIS | Condition on Discharge *

1.0 After doctor has ordered patient to the hospital.

2.0 Make out Admission Form and be sure to send patient's folder with it.

Medication while in the Hospital: _____

Recommendations: _____

Surgical Procedures: _____ Date: _____ Surgeon: _____

_____ Date: _____ Surgeon: _____

_____ Date: _____ Surgeon: _____

Discharged to Ward: _____ Date: _____ Time: a.m. p.m. _____
(Give Ward above)

Recorded Consultations: _____
Infections: _____
Autopsy: _____
Coroner's Case: _____
Days Hospitalized: ___

Signed: _____ M.D.

*Improve, Not improved, Recovered, Not treated In for Diagnosis only, Died. (Select appropriate term for each condition)

This form to be used on all Admissions to Hos.

NS/67

CENTRAL SUPPLY

AT CHAMBERLAIN HOSPITAL

Open 24 hours daily

1.0 Use Central Supply Book to order:

Ace Bandages	Restraint (camisoles)
Adhesive Tape	Rubber Enema Tubes
Band Aids	Rubber Gloves
Gauze	Rubber Rings, etc.
Gauze Squares	Thermometers
Gooseneck Lamps	Tongue Blades
Medicine Glasses	or any special equipment

2.0 Order by ward doctor can be gotten at any time.

PROCEDURE FOR HANDLING LAB FORMS

1.0 Primarily each lab test has a lab request form for that test. If there is no printed form for the type of test you require, use the Miscellaneous form.

2.0 It shall be the duty of the ward charge to send properly completed lab forms to the laboratory, and to instruct the relief charges in the performance of this duty. When in doubt, call the laboratory, extension 332.

3.0 Instructions for filling out lab request forms (set of three).

A. Fill out upper right square: (Use ball point pen and PRESS HARD)

Patients name - Last name first, using complete first name, not just initial.

Hospital - S.S.H.

Case Number - Be accurate.

Ward - By name.

Date - If for some reason lab form is not sent in when first made out, be sure to correct date.

B. Fill out upper left square:

Write request for Dr.'s order. DO NOT write in space where Lab Technician writes results. Confine writing to upper squares only.

Fill in Doctor's name and Technicians initials.

C. Be sure you understand the Doctor's orders. Be specific. Be sure you know what the Doctor wants. Do not request any test unless ordered by the Doctor, even though you think it would be a good idea.

D. When in doubt, call the laboratory, Ext. 332, for clarification of any questions about the lab forms.

E. See para. 5.0 below for description and any special instructions on lab forms. All lab forms listed are available, either in ward supplies or in Central Nursing Office.

3.1 PLEASE NOTE: Be sure all entries appear on all three copies.

3.2 Send all three copies of the lab form to the lab. DO NOT REMOVE CARBON PAPER.

4.0 Instructions for sending patients to the laboratory.

A. Make sure each patient has a properly made out set of forms.

B. If the patient does not know his own name, see he is accompanied by someone who does.

C. If the person accompanying the patients does not know each one by name, pin a label on the back of each patient's clothing.

5.0 List of all Lab forms available.

A. BLOOD CHEMISTRY I)
B. BLOOD CHEMISTRY II)

Please Note: There are two separate request forms. Be sure you have the correct form for the test ordered by the Doctor.

1. In upper left square write Dr.'s orders.

2. Unless specifically requested by the Doctor as an emergency, Blood Chemistries are done WITHOUT BREAKFAST ON Monday, Wednesday and Friday mornings between 8:00 and 9:00. This time does not apply to blood counts, sedimentation rates, blood typing, P.B.I., etc.

3. If a Blood Chemistry test ordered does not appear printed on either I or II, please write in test ordered on II.

C. GASTRIC ANALYSIS.

1. In upper left square write Dr.'s orders.

2. Use this form for gastric analysis, i.e. acid, blood and all other components of gastric juice.

3. If gastric wash for AFB(Tbc) is ordered, use Bacteriology form ONLY. (See I - 5.)

4. Forms available at C.N.O. as tests are ordered.

D. HEMATOLOGY.

1. In upper left square write Dr.'s orders.

2. A CBC includes the following tests: P.C.V., W.B.C., Hemoglobin and Differential.

E. BLOOD MATCHING.

1. In upper left square write Dr.'s orders.

2. When Blood Type and Cross Matching are ordered use Blood Matching form.

3. When more than one unit of blood is requested, make separate Blood Matching forms for each unit.

4. In filling out Blood Matching form, patients name is the patient requiring the blood.

5. Forms available at C.N.O. as tests are ordered.

F. SEROLOGY

1. In upper left square write Dr.'s orders.

2. When blood type and/or Rh factor tests are ordered, use Serology form.

3. Forms available at C.N.O. as tests are ordered.

G. SPINAL FLUID.

1. In upper left square write Dr.'s orders.

2. When a culture is ordered in addition to the other tests also submit a Bacteriology form.

3. Forms available at C.N.O. as tests are ordered.

H. URINALYSIS.

1. Be sure to check upper left boxes correctly, identifying specimen and tests ordered.

2. If culture is ordered as well as urinalysis, a Bacteriology Form should also be submitted.

3. If culture only is ordered, use Bacteriology form only.

I. BACTERIOLOGY.

1. Be sure to indicate in upper left square the source of the material, as "Throat culture", "Urine Culture", "Spinal Fluid for Culture", "Gastric washings for AFB Culture", "pus from boil for culture", etc.

2. Use this form for all cultures and/or smears, WITH THE EXCEPTION OF STOOL CULTURES, SEE K BELOW.

3. Use this form in addition to other forms required if culture is ordered in addition to other tests on the same specimen, as may be the case in Spinal Fluids, Urines, etc.

4. Use one Bacteriology form for each kind of culture ordered. Example: the Doctor orders a "routine culture" and "AFB (or Tbc) culture", make out separate Bacteriology forms for each.

5. When gastric wash is ordered, specimen and Bacteriology form must be in the lab before Thursday.

J. SENSITIVITIES.

1. In upper left square write Dr.'s order.

2. Make out one form for Sensitivities and one for Bacteriology whenever the Doctor orders "Culture and Sensitivities".

3. Forms available at C.N.O.

K. STOOL.

1. Please adhere very carefully to the following instructions. If these instructions seem incomplete or if you do not understand them, call the lab for further instructions.

2. All stool specimens are to be sent to the lab on Monday, Tuesday, Wednesday and Thursday. ONLY EMERGENCY STOOL SPECIMENS ON FRIDAY AND SATURDAY. ALWAYS CALL THE LAB, EXT. 332, ON EMERGENCY STOOL SPECIMENS.

3. Each stool specimen to be examined needs to be classified. Listed below are the various classifications. Be sure the proper classification is entered in the upper left square of the form.

   a. DYSENTERY SUSPECT: To be used when the patient is suffering from the symptoms of dysentery and is ill. It may be abbreviated to "Dys.Susp.". If the patient remains ill, submit at least 3 specimens, which may be on consecutive days.

   b. TREATED PATIENT: Release specimens after treatment are to be labelled according to treatment received. Examples: Amoebic Treated; Flexner Treated; Sonnei Treated; Salmonella Treated.

   c. NEW PATIENT: New patients must have at least 3 specimens with a 3 day interval between each specimen. Mark slips #1 of 3; #2 of 3; #3 of 3. (If forms are made out in advance, please check dates when sending in the specimen.)

   d. PATIENTS RETURNED from any Indefinite Leave or Definite Visit which has extended beyond 30 days: Specify which. Send 3 specimens with a 3 day interval between each specimen. Mark forms #1 of 3, etc., in the same manner as for NEW PATIENT.

   e. PATIENTS TRANSFERRING to other Wards or other Institutions. Specify which. Send 3 specimens with a 3 day interval between each specimen. Mark forms #1 or 3, etc., in the same manner as for NEW PATIENT and PATIENTS RETURNED.

   f. FOOD HANDLERS: Send in 3 specimens with a 3 day interval between each specimen as directed by the Public Health Nurse. Be sure to enter correct dates.

   g. SURVEY PATIENTS: Special surveys will be conducted from time to time. At the beginning of each survey specific instructions will be issued to the wards involved.

   h. DETAILS: 1. In upper right square after ward list patient's home ward. 2. In upper left square under Tests requested, please (a) specify Dys. Susp.", "Food Handler", etc., (b) write in "detail on _____ward".

   i. EMPLOYEES: Employee specimens are to be marked Dys. Susp. or Amoebic, Flexner, Sonnei or Salmonella Treated. At the top of the slip write the name and phone number of the EMPLOYEE'S PRIVATE PHYSICIAN, as well as the ward doctor.

   Note: See page 29-D for instructions regarding Preparation of Stool Specimens for delivery to the laboratory.

PREPARATION OF STOOL SPECIMENS FOR DELIVERY TO LABORATORY.

It shall be the duty of the ward charge to supervise this preparation and to instruct the relief charge in such supervision.

1.0 Patient's (or employee's) name should be written on the lid of the container, as well as on the stool specimen slip to accurately identify the person for whom the test is required.

2.0 USE EXTREME CAUTION: This material is highly infectious.

A. Employees, not details, should prepare specimens. Hands should be immediately and thoroughly washed when finished.

3.0 NO SMALLEST SPECK OF STOOL MUST TOUCH THE OUTSIDE OF THE CONTAINER.

Contaminated containers endanger any person touching either the container or the accompanying forms, including technicians, the details who carry it, the laboratory personnel, doctors, nurses or clerks who subsequently handle the forms.

4.0 To guard against contamination, follow these instructions:

A. Do not fill containers too full -- 1/3 full is sufficient.

B. Use extreme care in transferring material to the containers to avoid soiling fingers.

C. If a tongue blade is used to transfer the specimens to the containers, do not scrape it off on the edge of the container -- use another tongue blade to scrape the specimen into the container.

D. If it is suspected the outside of the container has become accidentally soiled, transfer contents to a clean container.

E. Haste in trying to force on the lid results in pinching in the side of the container, so part of the stool escapes.

F. Do not substitute paper for a lid.

G. Do not substitute old jars, bottles, paper cups, etc., for proper containers. This particularly applies to employees sending in their own specimens.

5.0 All specimens must be in the laboratory as early as possible, preferrably in the morning, but NOT LATER than 1:00 P.M. Extremely suspicious stool may be sent in as late as 3:30 P.M., but the Laboratory should be called in this case. (Extremely suspicious stools are not so hard they rattle in the box.)

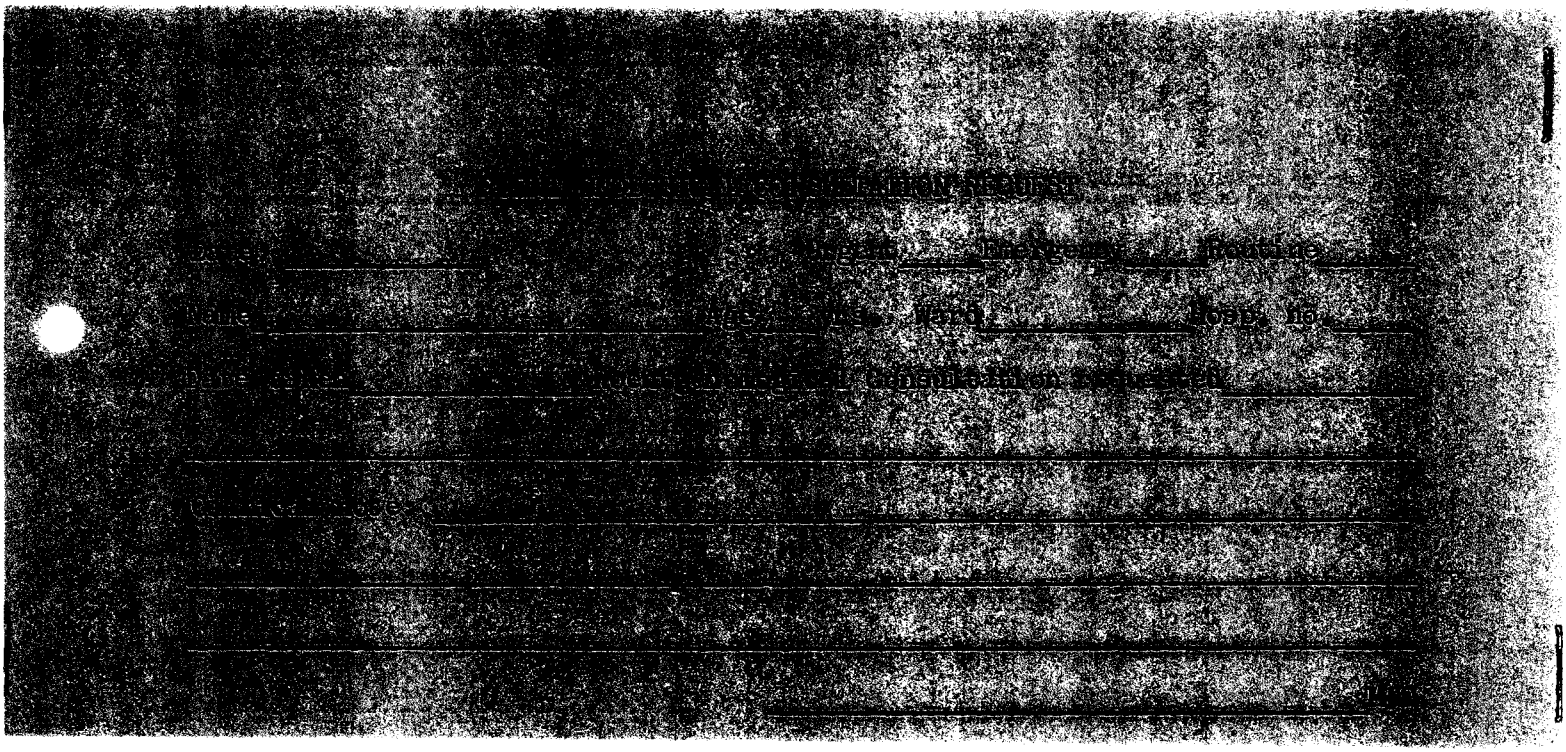
6.0 When it is raining put specimen and forms in paper bags or other device to prevent the container and the lab forms from getting wet, as this causes the ink to smear and run.

29E
(1/9/61)

LABORATORY SLIP
INSTRUCTIONS AND SAMPLE

X-RAY

The Ward Doctor usually makes out the request but sometimes instructs the Charge Nurse or Technician to do so.



BE SURE YOU UNDERSTAND DOCTOR'S ORDERS. ALWAYS BE SPECIFIC.

NOTE: It is the responsibility of the Ward Charge or his/her designated relief to see that laboratory slips reach the lab.

MEDICATION ACCOUNT SHEET INSTRUCTIONS

NOTE TO ALL SHIFTS:

1.0 In addition to the following instructions regarding the posting of a discrepancy between "No. of tabs. START of shift" and the actual count, a red asterisk is to be placed in the proper column. Whenever a red asterisk appears, an explaining remark must be entered on the reverse side of the Medication Account Sheet. The red asterisk is to be used also to indicate other unusual occurences regarding tablet counts, such as - wasted or dropped tablets. When a discrepancy cannot be explained, the Area Supervisor should be notified.

This will be considered a daily inventory of pheno-barbital - 1/4 - 1/2 - 3/4 and 1 1/2 grains -- a separate sheet will be kept for each size tablet. This Medication Account Sheet is to be kept in addition to the Continuous Medication Sheet, which only indicates individual patients receiving medication.

2.0 TECHNICIAN II A.M. Shift (or his/her relief) RESPONSIBILITIES

A. Make all entries in the column marked "Supply for Daily Ward Use". This entry is picked up from the column marked "No. tabs. END of 3 shifts".

B. Make entry in column marked "No. tabs. START of AM shift". (Brought forward from "Supply for Daily Ward use" column.)

C. Make an actual count of medications.

D. Compare this count against entry just made in column marked "No. tabs. START of AM shift", and affix signature.

If a discrepancy is discovered, post the actual count behind the original entry, separating them with a slash mark, as per example:

No. tabs.
START of
AM shift
100/ 92
signature

E. Make entry in column marked "No. tabs. GIVEN on AM shift", and affix signature.

F. Make entry in "Supply for Daily Ward use" column showing the number of tablets issued for daily ward use during AM shift, and affix signature. (This amount added to original amount on hand - less entry in "No. tabs. GIVEN" shows the final total...see "G" below.)

G. Make entry in "No. tabs. START of PM shift", (This entry reflects the balance on hand.)

MEDICATION ACCOUNT SHEET INSTRUCTIONS, cont.

3.0 TECHNICIAN I PM SHIFT (or his/her relief) RESPONSIBILITIES

A. Make an actual count of medications.

B. Compare this count against entry made by AM shift in column marked "No. tabs. START of PM shift", and affix signature.

If a discrepancy is discovered, follow instructions given in item "D", AM shift, except entry will appear in column marked "No. tabs. START of PM shift".

C. Make entry in column marked "No. tabs. GIVEN on PM shift", and affix signature.

D. Make entry in column marked "No. tabs. START of NW shift".

4.0 TECHNICIAN I NW SHIFT (or his/her relief) RESPONSIBILITIES

A. Make an actual count of medications.

B. Compare this cound against entry made by PM shift in column marked "No. tabs. START of NW shift", and affix signature.

If a discrepancy is discovered, follow instructions given in item "D", AM shift, except entry will appear in column marked "No. tabs. START of NW shift".

C. Make entry in column marked "No. tabs. GIVEN on NW shift", and affix signature.

D. Make entry in column marked "No. tabs. END of 3 shifts", and affix signature.

MEDICATION ACCOUNT SHEET

DRUG: _____ Ward: _____ Area: _____

Size of tablet: _____ Name: _____

Supply for Daily Ward use:	No. tabs. START of AM Shift	No. tabs. GIVEN on AM Shift	No. tabs. START of PM Shift	No. tabs. GIVEN on PM Shift	No. tabs. START of NW Shift	No. tabs. GIVEN on NW Shift	No. tabs. END of 3 Shifts
Date:							
		S A M P L E P O S T I N G					
May '58							
4							150
150	150	75	375/372*	60	312	10	302
5 300	M.Jones	M.Jones	B.Brown	B.Brown	M.Martin	M.Martin	M.Martin
302	302	70*	330	75	225	5	250
6 100	M.Jones	M.Jones	B.Brown	B.Brown	M.Martin	M.Martin	M.Martin

PROPER FOOD PROTECTION

1.0 Wash hands before handling food.

A. Cleanliness of workers' clothes and hair are most important. Hair should be confined in a net.

B. Handle food as little as possible; use tongs, forks or spatulas in serving .

C. Keep fingers out of food and drink when serving.

D. No sick person or persons with infected hands should work in food area.

E. Never serve food left from one person's plate to another.

2.0 Immaculate cleanliness of dining room, kitchen and all equipment.

A. Food storage rooms should be clean and well organized.

1. Older goods should be moved forward.

2. Stored foods should be labeled, accessible, and stored at least 8 inches above the floor.

3. Stored food should be covered to prevent contamination.

B. Food on display should be protected from dust and handling.

3.0 Remember the DANGER ZONE in food temperature is between 40°F. and 140°F.

A. Keep refregerator <u>below</u> 40°F.

B. Keep steam table <u>above</u> 140°F

4.0 The refrigerator should be arranged neatly, cleaned regularly and checked daily to eliminate keeping foods too long.

A. The refrigerator should not be overloaded, preventing air circulation.

B. Refrigerated foods should be covered to prevent "inhaling" of odors.

5.0 Corroded utensils and cadmium plated trays should not be used.

6.0 Chemical poisons should be stored away from foods.

PROCEDURES FOR WARD FOOD SERVICE

The success of any food program is how well the food is accepted and eaten. The responsibility for attractive arrangement of food on the tray, and the presentation of the food to the patient, is the job of the Ward Technician. A good criterion to bear in mind is the following: Is the tray as attractively arranged as you would arrange it for yourself.

Remember: Food is an important part of our therapy program. Adherence to the following procedures will assist in uniformity and in achievement of high standards of food service.

Food Handling:

1.0 Time allowance - Patients must be allowed adequate time to eat in relative leisure (minimum time - 30 minutes).

2.0 Size of Serving - Do not serve more than the patient can eat.

3.0 Beverages - Keep covered until time to be served. Pour into cups just before patients enter the dining room.

4.0 Hot Food - Keep covered until time for serving. Put on the plates just before patients enter the dining room.

5.0 Cold Food - Keep covered and under refrigeration until served.

6.0 Left-Over Food - Left-over food is to be discarded and placed in the garbage can after the attendants have made certain that the patients have had all the food they care for.

7.0 Place plate scraps, etc. in garbage can as soon as they are collected.

DISH WASHING

BY HAND

1. Prepare equipment. Attend to:

sinks	sanitizer
hot water	scraper
detergent	drying racks and cloth

2. Pre-wash or wet-scrape dishes.
3. Wash in hot water with a good detergent.
4. Rinse in clean, hot water of about 140 degrees F.
5. Sanitize. Either submerge in water 180 degrees F for thirty seconds, or use a chemical as directed.
6. Air dry the dishes and store in a clean, protected place.

BY MACHINE

1. Scrape, and pre-rinse dishes before placing in racks.
2. Rack dishes so that water covers every surface.
3. In hard water areas, glasses sometimes need toweling.
4. Check thermometers. Wash water should be 135 degrees F and the rinse water 180 degrees F.
5. The electronic dispenser measures automatically the amount of washing compound to be used.
6. Clean up the machine afterward scrubbing slats, removing scraps, dumping and rinsing.

Silver is pre-rinsed with either method, and toweled dry after washing.

An electric fan speeds up the drying process.

In storing glasses and cups, always invert, placing upside down.

USE OF SODIUM HYPERCLORITE (5.25%) - CLOROX OR EQUAL

1.0 ALL Ward Kitchens (hand dishwashing method only) will be required to rinse their dishes utilizing sodium hyperclorite (Clorox) to the extent of 1 oz. to every 4 gallons of rinse water.

A. The average ward sink has a capacity of approximately 30 gallons; however, the rinse sink is usually filled to 20 gallons. This means that the ward employee in charge of a ward dining room should see that 5 ozs. (1 oz. equals 2 Tablespoons) of Clorox is used to each final rinse. It will only be necessary to utilize this solution in your rinsing sink.

B. This formula should be strictly adhered to, as excessive amounts of Clorox will cause dishware to deteriorate, particularly the plastic.

C. The formula noted above has been approved by the Public Health and Sanitation Committee and it will be the responsibility of the Nursing Service, in conjunction with the Food Administrator, to see that this formula is established as a set Standard.

D. Sodium hyperclorite (Clorox) is available in the Commissary and should be requisitioned by the ward.

2.0 Initially, each ward is requested to requisition no more than their allotted amount per month.

ORDERS TO FOOD SERVICE:

1.0 Weekly Ward Feeding Population Report. (See Sample -- page 37-A) This request is due in the Food Administrator's office each Thursday by 8:00 A.M. Be sure this request accurately reflects your needs.

2.0 Weekly Request for Staple Food Supplies. (See Sample -- page 37-B) Make this request out in duplicate. It is to be in the Food Administrator's office by 8:00 A.M. each Thursday.

3.0 Monthly Request for Food Service Area Cleansing Supplies. (See Sample -- page 37-C) Make this form out in Duplicate. In order for Food Service to efficiently supply the wards' needs, this request must be in Food Administrator's office no later than the 25th of each month.

WEEKLY WARD FEEDING POPULATION REPORT
PLEASE SEND TO FOOD ADMINISTRATOR'S
OFFICE EACH THURSDAY BY 8:00 AM WITH STAPLE FOOD REQUEST

DATE_____ WARD_____ TOTAL PATIENTS ON WARD_____

	Breakfast	Dinner	Supper
Average number of YOUR patients eating on your ward			
Average number of patients FROM OTHER WARDS eating on your ward			
TOTAL			

NUMBER OF PATIENTS ON FOLLOWING MENUS:

1. Regular			
2. Modified Regular			
3. Mechanical Soft			
4. Baby & Liquidized Soft			

5. Special diets (Diabetic & Reducing, Low Salt, Low Residue, etc.) All patients on special diets must be listed as to name, kind of diet, and where patient eats, i.e. Patients Dining Room, your ward, or other wards, giving name of ward.

	BREAKFAST	DINNER	SUPPER

Use reverse side if more space is needed Requested by_____

FS/34 Rev. 4/1/58

37-B

WEEKLY REQUEST FOR STAPLE FOOD SUPPLIES

PREPARE IN DUPLICATE

In order to process these orders and have your supplies ready for delivery on time, it is necessary that they be in the Food Administrator's Office BY 8:00 A.M. on THURSDAYS.

DATE_____WARD_____BY_____

_____lbs. SUGAR

_____lbs. COFFEE

_____lbs. TEA

_____lbs. COCOA

_____pkg. SALT

_____lbs. PEPPER

_____doz. EGGS

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Checked and Approved - Food Administrator's Office_____

Filled by_____ Main Kitchen

Original retained in Kitchen for one week.

Duplicate copy returned to Ward with supplies.

37-C

MONTHLY REQUEST FOR FOOD SERVICE AREA CLEANSING SUPPLIES

PREPARE IN DUPLICATE

Both Copies to be in Food Administrator's Office no later than the 25th of the month.

Date _____ Ward or Area _____ by _____
Mo Day Year

Quanity	Unit	Article Description	Quanity Delivered	✓
	lbs	#57-A-22 Detergent (dish washing machine only)		
	lbs	#50-A-37 Detergent (hand dishwashing only)		
	lbs	Plastic Dip (destaining dishes) Order in units of 10 lbs		
	gal	Bleach (sanitizer for Food Service Areas Only)		
	ea	Sponge Cloth (for table washing only		
	ea	Tuffie (or equivalent)		
	pkg	S.O.S. (or equivalent)		
	can	#50-A-21 Acid Descaling Compound (dish machine only-not to exceed 2 cans)		

Comments: _____

Checked and approved by Food Administrator's Office

Filled by _____ Commissary

PLEASE NOTE: ORDERING PROCEDURE

Duplicate copy will be processed and returned to the ward for checking off supplies as they arrive and to be signed by the one or more employees receiving the supplies. After completion, please return signed copy to Food Administrator's Office for further accounting.

ALL ITEMS NOT LISTED ABOVE, please order on regular commissary requisition form.

There will be no change in discard procedure.

If any item above is not required, PLEASE WRITE NONE in the quantity wanted space.

Received by: _____
Signed by employee receiving supplies

_____
Signed by employee receiving balance of supplies

WEIGHING OF PATIENTS

1.0 All patients in residence on each ward must be weighed at the beginning of each month and the weight recorded on Form NS/77 which is in the Patient's Folder.

2.0 Any change in weight greater than three pounds fluctuation -- either increase or decrease -- is to be written up in memorandum form and presented to the ward physician.

3.0 All patients transferred to a ward are to be weighed on date of arrival at the ward and weight recorded in the Day Book.

4.0 All patients transferred off of the ward will be weighed on date of release from the ward and weight recorded in the Day Book.

WARD PROCEDURES FOR ORAL HYGIENE & DENTAL CARE

TOOTHBRUSHING

1.0 Teeth should be brushed at least two times daily. After breakfast and before going to bed would be the best minimum schedule. After each meal would be preferable, if time permits. (This applies to dentures, also.)

2.0 Patients should be supervised in brusing their teeth. If they are unable to, the teeth should be brushed by the psychiatric technicians.

3.0 If patients are ill or bed patients, extra attention should be given to oral hygiene. A toothbrush should be used if possible or the teeth and gums should be cleansed with gauze followed by an oral rinse of saline solution.

TECHNIQUE OF BRUSHING

4.0 Hold tooth brush at a 45 degree angle to surface of teeth with bristles extending on gums. Care should be taken not to pierce gums with bristles. Pressure should be produced by sides of bristles.

A. Rotate brush covering gum and tooth surfaces. Always brush from gums to teeth and include all tooth surfaces.

B. Rinse brush carefully after use.

TOOTHACHES

5.0 Report toothaches promptly preferably for morning clinic from 8:15 a.m. to 10:00 a.m. Early treatment may prevent abscess formation which usually causes pain and swelling and complicates treatment.

A. If swelling has developed use an ice bag $\frac{1}{2}$ hour on and $\frac{1}{2}$ hour off for 3 hours.

B. Do not use hot applications.

GINGIVITIS OR BLEEDING GUMS

6.0 If gums bleed excessively when brushed, report to dentist. Early treatment may prevent development of Vincent's infection or chronic gingivitis.

A. If patients have high fever or are dehydrated, they are more susceptible to Vincent's infection.

INCIDENT REPORTS

7.0 If teeth are loosened, fractured or missing refer to dentist and send incident report.

SHOE REPAIR SERVICE

1.0 The employees working the Night Shift -- 11:00 p.m. to 7:00 a.m. -- have the assignment of inspecting the patients' shoes and preparing them for transportation to the shoe repair shop.

A. They then give the Day Charge the shoes along with the needed information as to what is required to put the shoes in a useable condition.

B. It is the Charge's responsibility to send the shoes to the shop.

2.0 Shoes needing repair are to be tied together, in pairs, by the laces. Without exception, both shoes of the same pair are to be sent to the shoemaker, even though only one shoe may require repair. Orthopedic shoes or appliances are to be identified by the patient's name. A tag or note can be securely tied to the shoes or appliances with the patient's name on it.

2.1 Shoes are to be sent for repair before they have worn into the welt of the sole or the lifts of the heel. Do not wait to send shoes to the repair shop until they are in such condition that they are very difficult or impossible to repair. In order to comply with this request, a weekly shoe check should be made by someone on the ward who will be responsible for shoe repairing.

2.2 Do not hold shoes that need repairing as this creates peak loads of work. Send shoes for repair every Monday, even if there are only one or two pairs.

2.3 Shoes going to the Shoe Room for repair are to be placed in special blue denim bags which can be obtained from the Commissary. The shoe bags will be marked by the Central Marking Room with your ward number and name.

3.0 The special shoe bags containing the shoes for repair will be picked up by truck every Monday morning at approximately 8:00 o'clock. The shoe bags are to be placed in an area convenient for the truck pickup.

4.0 Repaired shoes will be returned in approximately 5 days from the pick-up date by a truck.

NOTE:

If the patient does not have a pair of shoes to wear during the time shoes are being repaired, additional shoes may be secured from the Shoe Fitting Room by proper application.

PREPARATION OF LINEN AND CLOTHING BEING SENT TO LAUNDRY

1.0 Each ward is allotted a specified amount of linen on a daily basis. This amount of linen is delivered to the wards on the regular Laundry delivery days. If there is a supply of linen on the ward from the previous days delivery, the Charge (or his/her relief) will phone the Laundry to reduce the amount of the next delivery. If the ward is consistently short of linen, the charge (or relief) should notify their Supervisor.

Sorting of Clothing from Girls' Wards

2.0 All white clothing must be in a separate bag.
2.1 All colored clothing, such as underwear and gowns must be in a separate bag.
2.2 All colored dresses in a separate bag.
2.3 Fugitive colors and woolens must not be mixed with other clothing.
2.4 Tie waists must be sent to the Laundry in nets.

Sorting of Clothing from Boys' Wards

3.0 All white clothing must be in a separate bag.
3.1 All colored clothing, such as sweat shirts and light colors, must be in a separate bag.
3.2 All blue shirts and trousers together, each in separate bags.
3.3 Fugitive colors and woolens must not be mixed with other clothing.
3.4 Tie waists must be sent to the Laundry in nets.

Sorting of Bed Pads and Bibs

4.0 All bed pads and bibs only must be in a bag together.

Sorting of Sheets and Pillow Cases

5.0 Tie about 25 sheets and pillow cases in one sheet. Do not put anything else but sheets and pillow cases in this bundle.

Diapers

6.0 All diapers must be sent to the Laundry in the green bags provided. Nothing but diapers must be put in the green bags. The diapers are dumped directly into the washers as received at the Laundry and are not sorted. If other garments are placed in with the diapers they will be ruined as diapers take a special wash.

Soiled Linen and Clothing

7.0 All soiled linen and clothing, except diapers, must be placed in a bag together and plainly marked SOILED. No sorting is necessary except that white and colored clothing must be separated. Hard balls of fecal matter must be put in hoppers, toilets or WASTE RECEPTACLES having disposable paper liners and not sent to the Laundry. Fecal material is almost impossible to clear out of the washers.

Contagious Disease Wards

8.0 Wards having patients with contagious diseases are to send their clothing and linens to the Laundry in RED BAGS. The red bags are obtainable from the Laundry. No Sorting is necessary except as to white and colored clothing. This work is also dumped directly into the washers and should have heavy fecal matter shaken out of it before sending it to the Laundry.

PREPARATION OF LINEN AND CLOTHING FOR LAUNDRY, cont.

Private Clothing

9.0 All private clothing should be so marked and sent to the Laundry as other ward clothing. However, in order to keep track of the private clothing in the Laundry it is best to place it in a laundry net, with the ward number on the outside of the net. The private clothing will then be washed and dried in the net and returned to the proper ward.

Blackets and Bedspreads

10.0 Blankets and bedspreads should be placed in separate bags. however, in order not to slow down laundry production each ward should contact the Laundry Supervisor and set a date for this work, as it is usually done on Saturdays.

Laundering of Patients' Sunday Shirts

11.0 Patients' Sunday shirts may be sent to the Finishing Romm of the Laundry on Tuesday morning only. They will be washed, finished and may be picked up on the following Friday. It is important that all shirts be plainly marked with the ward number as there is no other way for the Laundry to know where the shirts belong.

Laundry Exchange

12.0 The following items are on equal exchange only and must be sent to the Laundry each day or as often as necessary with an Exchange Slip showing your count in the first column and the Laundry count in the second column. In order to conserve help and speed the work back to the wards, the following schedule is to be observed:

A. Bath towels, hand towels, wash cloths and socks may be exchanged at the Laundry any time between 7:30 and 11:30 in the morning, Monday through Friday.

B. All aprons, both white and colored, dish towels and yellow rags, may be exchanged from 11:30 a.m. through 3:30 p.m., Monday through Friday.

NOTE:

It is important that all wards watch the yellow rags and be sure no other clothing or linen is placed in the bags containing these rags. Other items placed with the yellow rags will be lost or stained yellow if not found at the Exchange Service.

Ward Smocks

13.0 Smocks may be delivered to the Exchange Service each morning by 9:00 a.m. and will be ready for pick up by 3:00 p.m. of the same day, Mondays through Saturdays. Be sure that the ward mark is in each smock and a list showing the count accompanies each bundle.

NOTE: Deviations from this procedure are to be reported to the Business Office by the Laundry Supervisor.

DRY CLEANING

DRY CLEANING for patients' clothing is usually sent out once a month. The Nursing Service Office will notify the wards.

SONOMA STATE HOSPITAL
Eldridge, California

DRY CLEANING For San Quentin

Date: _____

ITEM

Men's Suits _____

Men's Topcoats _____

Men's Slacks _____

Men's Jackets _____

Men's Ties _____

Men's Sweaters _____

Men's Shirts, M. P. _____

Men's Robes/ Belts _____

Women's Suits _____

Women's Dresses/Belts _____

Women's Topcoats _____

Women's Skirts/Slacks _____

Women's Jackets _____

Women's Scarfs _____

Women's Sweaters _____

Women's Blouses _____

Women's Robes/Belts _____

Prepare in Quadruplicate
Distribution:
1 copy with Cleaning to San Quentin
1 copy Truck Driver (Signed by San Quentin & returned to Nursing Ser.)
1 Copy Accounting Office
1 Copy Ward File

CLOTHING DISCARD

1.0 Discarded clothing is sent to laundry basement.

1.1 For replacement of discarded clothing - make out Requisition (see page 48-B). This is to be signed by the Area Supervisor.

2.0 When in need of household supplies order only what is needed.

3.0 When making requisition for household equipment such as:

brooms, mops, or other equipment

be sure to have item for item.

4.0 Discard for male population - 3rd Tuesday of month.

Discard for female population - 3rd Thursday of month.

CLOTHING FOR FAMILY CARE AND VOCATIONAL PLACEMENTS

1.0 It is the desire of the Hospital that each patient leaving on either type of placement, be supplied with these items in the stated amount. This to represent a basic complement of clothing and supplies.

2.0 For some items, the patient will not have his own, neither will it be stocked in the Commissary.

Instructions:

3.0 As soon as you learn a patient is going on either type of leave:

A. Go over his personal clothing and mark the number of each item he has in the column - "Has Own".

B. Order the remaining items from the proper source, (Commissary, Shoe Room, Pharmacy, etc.). When these are received mark the indicated number of items in the column - "Issue".

C. Send this form to the Social Service Department so they will know what items are lacking and can make arrangements, if possible, for them to be purchased.

D. Order these items as far in advance as possible. If unable to do so for a longer period - at least 48 hours before the patient is to leave.

See SAMPLES -(next 3 pages)

LIST OF CLOTHING AND SUPPLIES
for

FAMILY CARE AND WORK LEAVE PATIENTS

AMBULATORY, SMALL BOYS:

Name_____ No._____ SSH Ward_____

QUANTITY	NAME OF ITEM	SIZE	HAS OWN	ISSUE	PURCHASE
*C 3 pair	Jeans				
C 3	Tee Shirts				
P 1	Sweater (preferably slipover)				
P 1	Jacket (windproof)				
C 3	Sport shirts, washable				
C 1	Sweat shirt				
C 1	Raincoat and hat				
P 1	Bathrobe				
C 6	Undershirts				
C 6	Undershorts				
C 3 pair	Pajamas				
C 6 pair	Bobby sox				
SR 2 pair	Shoes				
SR 1 pair	Galoshes				
SR 1 pair	Slippers				
SR 1 pair	Tennis shoes				

MISCELLANEOUS: C Comb _____

Ph Toothbrush _____

*Symbols indicate items to be secured from: C - Commissary
SR - Shoe Room
Ph - Pharmacy
P - Private clothing or by purchase

LIST OF CLOTHING AND SUPPLIES
for
FAMILY CARE AND WORK LEAVE PATIENTS

NON-AMBULATORY PATIENTS (bed) MALE AND FEMALE UP TO 6 YEARS:

Name_____ No._____ SSH Ward_____

QUANTITY	NAME OF ITEM	SIZE	HAS OWN	ISSUE	PURCHASE
*C 4	Tee shirts				
P 1	Sweater				
C 3 pair	Kiddy overalls				
P 3	Sleepers				
C 2 Doz.	Diapers				
C 6	Undershirts				
C 3 pair	Rubber pants				
C 6 pair	Bobby socks				
SR 1 pair	Slipper socks				
	AMBULATORY GIRLS AND WOMEN:				
*P 1	Skirt, sweater and blouse				
C 3	Dresses, washable				
P 1	Dress-up outfit				
P 1	Raincoat and hat				
SR 1 pair	Rubbers or galoshes				
P 1	Bathrobe				
C 3	Slips				
C 4 pair	Panties				
C 3	Undershirts or bras				
C 3	Gowns or pajamas				
C 1	Sanitary belt				
C 6 pair	Bobby socks				
SR 2 pair	Shoes				
SR 1 pair	Houseslippers				

MISCELLANEOUS: C Comb _____

Ph Toothbrush _____

*Symbols indicate items to be secured from: C - Commissary
SR - Shoe Room
Ph - Pharmacy
P - Private clothing or by purchase

LIST OF CLOTHING AND SUPPLIES
for
FAMILY CARE AND WORK LEAVE PATIENTS

AMBULATORY, LARGER BOYS AND MEN:

Name_____ No._____ SSH Ward_____

QUANTITY	NAME OF ITEM	SIZE	HAS OWN	ISSUE	PURCHASE
*C 3	Jeans or overalls				
C 3	Work shirts				
C 3	Tee shirts				
C 1	Sweat shirt				
C 1	Denim jacket unlined				
C 1	Raincoat				
P 1	Dress shirt and tie				
P 1 pair	Slacks				
P 1	Slack coat or jacket				
C 1	Rain hat				
P 1	Bathrobe				
C 2	Sport shirts				
C 1	Web belt or suspenders				
C 3	Undershirts				
C 3	Undershorts				
C 4 pair	Work socks				
SR 1 pair	Work shoes				
SR 1 pair	Dress shoes				
C 2 pair	Dress socks				
SR 1 pair	Slippers				
C 4	Handkerchiefs				

MISCELLANEOUS: C Comb _____

Ph Toothbrush _____

C Safety razor _____

*Symbols indicate items to be secured from: C - Commissary
SR - Shoe Room
Ph - Pharmacy
P - Private clothing or by purchase

CENTRAL MARKING ROOM

The Marking Room is located in the basement of the new Laundry -- Telephone 218.

1.0 They will mark all wearing apparel for patients -- that which is brought or sent by relatives or friends, that which is purchased through the Supervisor's Office and that which is furnished by the State.

2.0 When the ward receives private clothing for a patient it should be sent to the Marking Room. Clothing which has been worn by a patient and become soiled, must be washed, properly tagged, and sent to the Marking Room. The clothes room technician is the logical person to assume these duties. A technician must accompany a patient taking any clothing to or from the Marking Room.

3.0 Clothing sent to the Marking Room must be put in a box or tied in a bundle. They must be accompanied by a tag giving the patient's name and ward number and listing the clothing being sent for marking. This tag must be fastened securely to the bundle.

4.0 Linens such as sheets, towels, etc. will be marked with the marking machine in the laundry. The Hospital Units - Chamberlain, Butler and R. & T. - will mark their discard linen replacement on the ward or arrange to take it to the laundry and mark with the marking machine.

5.0 Clothing may be taken to the Marking Room for marking between the hours of 1:00 and 3:00 p.m. Mondays through Fridays, holidays excepted.

5.1 Clothing may be picked up from the Marking Room on call.

NOTE: It will be necessary for an employee to accompany patient to the Marking Room when clothing is to be taken back to the ward.

Ward: _____

Date: _____

	Ward to Sewing room weekly for mending or discard	Mended and returned to Ward	Discarded to be replaced by Commissary once each month	Remarks
Bed Pads				
Bibs				
Blankets				
Camisoles				
Diapers	Discard for male population - 3rd Tuesday			
Jeans				
Jumpers	Discard for female population - 3rd Thursday			
Jackets, Ward				
Coveralls				
Nightgowns				
Overalls				
Shirts, Top				
Socks				
Stockings				
Underdrawers				
Undershirts				
Waist, Tie				
Aprons				
Tee Shirts				
Sweat Shirts				

TO WARDS: Make two copies. Send both with mending each Monday, between 7 and 9:30 A.M. One copy will be returned with mended clothing, etc. Send original received from sewing room to commissary on third Tuesday each month with requisition for totals of amounts shown in Column 3 as Discarded.

Any errors must be reported by both sewing room and Ward on day of receipt, or be disregarded.

Charge Seamstress

Sr. Psych. Tech. II

To Commissary

This form is used for Ward supplies such as: Soap, Cleanser, Safety Pins, etc. - Office Supplies.

A sample of the Ward Complement should be kept in the back of the Requisition Book.

Make in triplicate - keep yellow sheet to check supplies when received - send 2 white sheets to Commissary 1st week of the month.

Discards

are taken to Commissary - Male Wards 3rd Tuesday -- Female Wards 3rd Thursday.

FORM 115
ORIGINAL

REQUISITION FOR STOREROOM SUPPLIES

SERIAL No. 3975

STOREKEEPER'S NUMBER _____

DATE DELIVERED _____

DATE _____ 19____

To the BUSINESS MANAGER:

I request delivery of the following articles to _____ Department as listed under column headed "Quantity Wanted."

[SIGNED] _____

53698 4-57 250M TRIP ⓢ SPO

QUANTITY		DESCRIPTION	REMARKS	✓	DELIVERED QUANTITY	✓
WANTED	UNIT					

I hereby approve this requisition.

_____
Approving Officer's Signature

_____
Approving Officer's Title

✓
Receipt Compared

TO THE ACCOUNTING DEPARTMENT:

I have delivered the articles ordered as noted in the column headed "DELIVERED."

_____
Storekeeper

PROCEDURE FOR KEEPING DAILY WARD REPORT BOOK

1.0 A well kept Daily Ward Report Book enables the employees on all three shifts to be informed about the ward activities and the behavior of the patients during the 24 hour period. It is particularly helpful for the Technician who has been off duty for several days to catch up with ward activities.

2.0 The Technician in charge of each shift is responsible for the accurate recording of ward events.

3.0 ALL employees in the ward unit should read the Daily Ward Report Book when they come on duty. It should be immediately available to the Physician, the Supervisor, and the Superintendent of Nurses.

4.0 Recorded events should read as follows:

4.1 Date -- employees and their classification (on every shift)
employees that are absent
employees (Trainees) attending classes

4.2 Ward check by Charges at change of every shift.

A. Day Shift Only: Rated Capacity
Number of beds
Excess
Number of vacant beds

B. Patient population at beginning of shift.

C. Name patients and their status that have been added or removed during shift.
D. By transfer
E. Returned from leave
F. Returned from visit
G. Returned from unauthorized leave
H. Guest
I. By vacation
J. By LOA
K. By unauthorized leave
L. By hospitalization
M. By discharge
N. By death
O. Sleeping off ward

4.3 Record in detail, any activity or change of scheduled routine, i.e.:

A. patients off ward
B. patients at school, clinics, social service or specific therapy.
C. visitors to patient whether on ward or if off - record relationship to patient.
D. all Special Incident Reports that were made, the nature thereof and everyone involved.
E. when Doctor is called and what response was.
F. any Restraint or Seclusion procedure carried out -- record in detail, on proper forms in patient's folder stating reason for restraint and Doctor's name ordering same.
G. a change in patients medication or any new medical order.

PROCEDURE FOR KEEPING DAILY WARD REPORT BOOK - cont.

H. any new procedure or directive received on ward.
I. if any patient has been disciplined - describe the offense and the discipline which was enforced and how long the discipline is to be in effect. Also by whom this was ordered - Doctor, S.P.T. or ?.
J. any unusual happening to patient or employee (accident to employee included here).
K. any request made for emergency repairs - and when completed.
L. visitors names (other than those visiting patients).

4.4 Population

52-E

SSH Form 719A

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME CASE NO.	IN CARE OF RELATIONSHIP
DATE OF LEAVE TYPE OF LEAVE	ADDRESS
TYPE OF COMMITMENT SEX	DATE OF ADMISSION AGE/BIRTHDATE ON ADMISSION
DATE OF RETURN	PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

Findings of institution personnel officer

Signed _____ Date _____

To be completed and returned to the institution personnel officer before _____

Decision of Superintendent

Reasons

Signed _____ Date _____

Decision of Director

Reasons

Signed _____ Date _____

(For Department Use)

"SAFETY FOR ALL"

To keep accidents to a minimum, alert employees will.....

ALWAYS remember their responsibility for the safety of the patients and/or employees assigned to their section!

ALWAYS keep work areas tidy!

ALWAYS keep oily or slick substances off floors and walkways!

ALWAYS use safety equipment when and where required!

ALWAYS be attentive to the job at hand!

ALWAYS comply with all traffic regulations when operating motor vehicles!

ALWAYS use goggles when working on eye-hazardous jobs!

ALWAYS be extremely careful when lifting or pulling heavy objects!

ALWAYS use sharp or pointed tools, such as knives, files, safety pins, with extreme care.....and only on jobs for which they were intended!

ALWAYS report unsafe wiring conditions, dripping faucets, etc., promptly!

AND.....!!!

BE SURE TO.....complete an accident report on any job-related accident or disease!!

AND.....!!!

Frequently read "Your Guide to Safety as a Hospital Employee!"

May 3rd am Note - Rec. 1000 tablets from drug room.

* 5/5 pm. Shift - 3 tablets missing - Area Supervisor notified 3:30 pm.
* 5/6 am. Shift - 2 tablets dropped on floor and destroyed

NARCOTICS

1.0 The following drugs are listed as those requiring renewal by the physician in writing every day - 12:00 noon is the validating time.

A. Morphine sulfate
B. Demerol
C. Codine (hypodermic or orally)
D. Dilaudid
E. Pantopon
F. Amidon (methadone)
G. Camphorated tincture of opium (paregoric), if not compounded with another medicinal agent

2.0 Any narcotic order written involving the above drugs at any time on any given day expires the following day at noon. Example: An order written at 11:45 PM September 15 would expire at noon September 16.

SAMPLE

HYPNOTIC RECORD

I. Rx. No._____ Name of Medication:_____ Date:_____
Number tablets/capsules issued:_____
Physician Signing Prescription:_____ Ward:_____

II. Received by:_____(R.N. or Attendant)
Date:_____ Hour:_____
Number tablets received:_____

Date:	Name of Patient	Name of Employee Giving Medication	Time Given	Doctor Ordering Medication	Number of Tablets left

Ward Doctor's Signature:_____

Note: This slip to originate with druggist who fills in Part I. Nurse or Attendant receiving filled bottle from Pharmacy to fill in Part II.

10/59

PHARMACY REGULATIONS REGARDING ORDERING OF DRUGS

1.0 Drug Order Book must be sent with Drug Box to obtain drug supply for wards. (Never tear out page.)

RECORDS OF CONTINUOUS MEDICATION

2.0 Instructions for use of forms. (See Sample of NS/6 on page 35, and for the current order sheet, NS/10 see sample in patient's folder)

2.1 The color of the paper used for these forms will be changed quarterly: October through December - BLUE, January through March - GOLDENROD, April through June - PINK, and July through September - WHITE. (See para. 2.3 through 2.5 for instructions for the handling of these forms at the time of the quarterly changes.)

2.2 These forms are to be kept for all patients on Continuous Medication.

A. All Doctor's orders, or changes, for continuous medication are to be shown on the Record of Continuous Medication, NS/10 (1/2 sheet), which is kept at all times in the patient's folder.

B. After giving the medication as ordered, the individual (giving the medication) shall sign his/her first initial and last name (not just initials) in the space provided on the Record of Continuous Medication, NS/6 (full sheet).

C. When a medication is discontinued the remainder of that column in which the record has been kept is to be blocked out. (See Sample A, page 35.)

D. The last column on the right side of NS/6 is to be used for recording STAT. orders and comments. (See Sample B, page 35.)

2.3 The new quarters' Record of Continuous Medication forms must not be used before the Doctor has re-written the orders for continuous medication on the Medical Order sheet, (this will, of course, show the date as well as the order).

2.4 With reference to NS/6, at the time of signing the Medical Order sheet, the retiring Record of Continuous Medication should be presented to the physician for review and signature.

A. It will not be necessary to transfer any records from the retiring to the new sheet. The new sheet should start on the date the old order ends, and the retiring Record of Continuous Medication, NS/6, should then be sent to Medical Records. This should be done on or before the 10th day of the first month of any given quarter.

B. If the new order for the quarterly change is written sometime between the first and the 10th, the new Record of Continuous Medication sheet, NS/6, should be blocked out for those days which appear on the retiring form, as per sample C, page 35.

2.5 With reference to NS/10, as there will be current orders written at the time of the quarterly change, the sheet (or sheets) for the previous quarter may be destroyed, and the new orders written on the new NS/10 form.

RECORD OF CONTINUOUS MEDICATIONS

Year 1959

	Month: Dec	Dec	Dec	Dec	Dec		STAT ORDER 12-10-59
	Time: 8AM	NOON	5 PM	9 PM	NOON		
1.		See Retired Sheet					Phenob gr 1/4 SAMPLE B
2.							
3.							
4.							
5.		SAMPLE C					
6.							
7.							
8.	M Doe	M Doe	E Law	E Law			
9.	M Doe	M Doe	E Law	E Law			
10.	M Doe	M Doe	F Cal	E Law			
11.	L Roe	L Roe	F Cal	E Law			
12.	L Roe	L Roe	E Law	E Law			
13.	M Doe	M Doe	E Law	E Law			
14.	M Doe		E Law	E Law	M Doe		
15.	M Doe		E Law	E Law	M Doe		
16.	M Doe		E Law	E Law	M Doe		
17.	M Doe		E Law	E Law	M Doe		
18.	M Doe		F Cal	F Cal	M Doe		
19.	L Roe		F Cal	F Cal	L Roe		
20.							
21.							
22.		Discontinue					
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
MEDICATION	Phenobarb gr 1 1/2 Dilantin Sod gr 1 1/2	Dilantin Sod gr 1 1/2 SAMPLE A	Phenob. gr 1 1/2 Dilantin Sod gr 1 1/2	Phenobarb gr 1 1/2	Mesantoin 1 Tab		

DIAGNOSIS: Epilepsy (Dr.'s Signature) M. D.

S.S.H. WARD Slater NO. 17432 NAME: MARY JONES

NS/6

GRIEVANCE PROCEDURE

1.0 The employee shall discuss any difficulties with his immediate supervisor, who shall give the employee either a verbal or written answer including reasons.

A. When an employee's grievance is against his immediate supervisor, he may direct his initial statement to the second level supervisor.

2.0 If the problem is not resolved at the first step, the employee may submit to the institution personnel officer in person or through a representative a written statement of the difficulty in triplicate on Grievance Report Forms. Within two working days the institution personnel officer shall obtain the comments of the immediate supervisor on all copies, retain one copy and send the other two copies to the employee. The employee keeps one copy and if he wishes to submit the problem to higher authority, uses the original as an appeal request.

3.0 If the employee wishes to appeal, he or his representative may file the original copy of the Grievance Report with the institution personnel officer, who shall immediately send his office copy with the original to the reviewing official. After discussion with the employee and/or his representative and study of the Grievance Report, the reviewing official shall indicate his decision and reasons and send both copies to the institution personnel officer who shall in turn forward the original to the employee and retain the copy. This step shall be completed in three working days.

A. The reviewing official, for this purpose, shall be the Business Manager (for all employees coming under his jurisdiction), the Superintendent of Nurses (for all nurses and technicians), the Director of Clinical Services (for all employees under his jurisdiction, except nursing personnel), and the Assistant Superintendent (for all employees under his jurisdiction not included in the above groups).

4.0 If no satisfactory settlement is reached in Procedure 3.0, the employee or his representative may appeal to the institution personnel officer by returning the original Grievance Report to him. The institution personnel officer will ascertain the facts, work with the reviewing official and the employee and/or his representative in an attempt to reach an understanding, and enter the facts on the Grievance Report. He shall return the original to the employee and retain the copy. This step shall be completed within five working days.

A. If no satisfactory settlement is reached at Procedure 4.0, the employee or his representative may return the original Grievance Report to the institution personnel officer who shall immediately transmit both copies to the Superintendent. After discussion with the employee and/or his representative, the Superintendent shall indicate his decision and reasons on the forms and return them to the institution personnel officer, who shall immediately forward the original to the employee and retain the copy. This step shall be completed within five working days.

SICK LEAVE EXCLUSION REPORTS

1.0 The Federal Income Tax Law allows you to exclude from your reported taxable income wages you received for the period during which you were absent on account of personal injuries or sickness under the following conditions:

A. If you were hospitalized on account of sickness for at least one day at any time during your absence or were injured, the exclusion applies to the full period of absence.

B. Otherwise the exclusion applies only to absence after the seventh calendar day of the absence.

C. Sick Leave Exclusion reports will be furnished all employees whose sick leave absence during the year render them eligible to excludable income by conditions given above. A sample report form is shown here. Your sick leave exclusion report will be issued as soon as possible after the close of the year and shortly after you receive your Form W-2 (Report of Income Tax Withheld).

SICK LEAVE ABSENCE REPORTS

2.0 It is to your interest to make certain that you furnish the Timekeeping Office with sufficient information on your Sick Leave Absence Request Form so that Office can maintain an accurate record of any absence due to illness or injury so they can furnish you the required information at the end of the year.

A. If you had to use vacation, holiday, or compensating time during your illness or injury absence be sure to indicate plainly on the Absence Request Form #634 that your absence was due to illness or injury and secure a substantiating signature from your attending physician.

INJURY - HOSPITALIZATION

3.0 Always make certain your Absence Request carries these dates - the date of injury or the date you entered the hospital or both, if such is the case.

(TC) (CERT) (STAT) (FILE) (ROUTING - PERSONNEL BOARD)

FORM NO. 605 REV. 8-57

STATE OF CALIFORNIA — PAYROLL ROSTER CHANGE

REPORT OF SEPARATION

☐ LEAVE 16B

☐ SEPARATION (For Personnel Board Use)

1 (a) Controller's Disbursing Office — SAC ☐ SF ☐ LA ☐

2. Employee Number

3. Name of Employee (first name / initial / last name)

(b) Document No. (For use in agency, if desired)

4. Birthdate

5. Mailing Address of Employee — Sample Copy

6. Effective Date

7. Location of Employment (city)

9 (a) Department and Organizational Unit (CODE NO.)

9 (b) Attendance Reporting Unit

9 (c) Class Title

9 (d) Serial Number of Position

9 (e) Type of Position Code — CIVIL SERVICE CODE: 1—PERMANENT, 2—TEMPORARY, 3—BLANKET; EXEMPT CODE: 4—PERMANENT, 5—TEMPORARY, 6—BLANKET, 7—STATUTORY

10 (a) Rate of Pay $ Per MONTH ☐ DAY ☐ HOUR ☐

10 (b) Pay Period MONTHLY ☐ SEMI-MONTHLY ☐

10 (c) Fraction

11 (a) Final Payment to Employee

☐ MAKE IMMEDIATE PAYMENT FOR TIME TO BE PAID THROUGH DATE OF SEPARATION

☐ PAY LUMP-SUM VACATION ONLY IF APPROVED BY PERSONNEL BOARD (APPLIES ONLY TO UNFAVORABLE SEPARATIONS)

☐ PAYMENT RECOMMENDED BY AGENCY

☐ PAYMENT NOT RECOMMENDED BY AGENCY

11 (b) Lump-Sum Payment — DAYS AND HOURS

VACATION

OVERTIME

11 (c) Salary Payment This Period

LAST DAY WORKED

TIME TO BE PAID DAYS AND HOURS

8. Type of Separation (Check only one box)

RESIGNATION TO ACCEPT OTHER STATE EMPLOYMENT

(7) ☐ Permanent or probationary Employee

(7) ☐ Limited-Term, TAU, or Exempt Employee prior to expiration

RESIGNATION FROM STATE SERVICE

(2) ☐ Permanent or probationary Employee

(U) ☐ Limited-Term, TAU or Exempt Employee prior to expiration

(L) ☐ AWOL

TERMINATION BY AGENCY

(D) ☐ Termination of Limited-Term, TAU, or Exempt Employment

(1) ☐ Layoff of a permanent or probationary employee

(3) ☐ Rejection during probation

(8) ☐ Dismissal

LEAVE

(F) ☐ Military Leave of Absence

(6) ☒ Leave of Absence for 2 months

OTHER

(X) ☐ Transfer To _____ (Name of Agency)

(4) ☐ Retirement _____ (Date)

(5) ☐ Death

12 FOR STATE CONTROLLER'S USE ONLY

POS.	ROLL	CARD	SALARY	PAY	RET. RATE	TAX	NORM. DAYS	GROSS	DAYS	HOURS	PAY PERIOD
										TIME WORKED	

14. Statement of circumstances if resignation is accepted with prejudice, or reasons if a Limited-Term, TAU, or Exempt Appointment is terminated for cause. Reasons for recommendation in Item 11 (a.) Other remarks.

(Area Supervisor)

Approved by —

Date:

15 (a) Resignation

☐ I hereby tender my resignation from the position named above. This resignation is executed by me freely and voluntarily and of my own free will and is not given by reason of any threat, force, duress, or any undue influence by any person.

☐ I have ☐ I have not accepted other State employment.

15 (b) Leave of Absence

☒ I request a leave of absence for the period of time stated in Item 8.

15 (c) Reason for Resignation or Leave of Absence:

Appendectomy

John Doe — SIGNATURE OF EMPLOYEE

7/1/59 — DATE

16 Certification of the Appointing Power

For Agencies in State Pay Roll System: "The foregoing additions to, deletions from, or changes in the original pay roll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by pay roll roster changes filed with the State Controller, to and including the within, said original pay roll roster is true, correct, and in accordance with law. All persons added to the pay roll roster, or whose status is modified, by this pay roll roster change were employed in approved established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.

Attendance data stated herein is correct, complete and in accordance with all laws and regulations.

For The Appointing Power:

Date

17 State Personnel Board Approval

A retirement system member who is separating permanently from State service should get Form 238 from his department and file it with the State Retirement System.

(EMPLOYEE)

WORKMEN'S COMPENSATION

1.0 Each employee of the Sonoma State Hospital is covered by the State under the provisions of the Workmen's Compensation Law for any injury or disease incurred during the course of and arising out of his employment here. The State Compensation Insurance Fund is the adjusting agency for the Department of Mental Hygiene, and if liability is accepted, benefits listed below are available to the employee:

Submission of Claim

2.0 Immediately after being injured or contracting a disease on the job the employee should submit an Employee Incident Report (PINK) to his Supervisor. His Supervisor will complete the lower section of the Report and send it to the Timekeeper, after which it will be sent to the Personnel Office for submitting a formal report to the State Compensation Insurance Fund.

Medical Treatment

3.0 The employee is entitled to all medical, surgical and hospital treatment necessary to cure or relieve him from the effects of the injury or disease. This includes medicines, medical and surgical supplies, crutches and artificial members such as eyes, arms, legs, and the like, and also includes the replacement of broken glasses and dentures when such breakage is caused by a work-connected injury. Under the Compensation Insurance law, an injured employee cannot change doctors without first securing authorization either from the employer or the State Compensation Insurance Fund. If such a change is made without the prior authorization, it may result in the injured person having to pay for the services of the physician of his choice.

Temporary Disability Indemnity

4.0 The employee is entitled to a weekly cash benefit, based on earnings at the time of injury, not to exceed $50. per week for the time required to recover from the injury or disease, or to reach a condition where no further improvement may be expected. However, no payment is allowed for the first seven days unless the injury causes disability in excess of forty-nine days. These benefits may be supplemented with earned sick leave and/or vacation to the extent that benefits and sick leave and/or vacation equal the regular salary.

Permanent Disability Indemnity

5.0 If a work-connected injury causes the permanent loss or loss of use of a part of the body or body function, additional compensation in the form of a permanent disability rating may be granted. Such determinations are the function of the Permanent Disability Rating Bureau of the Industrial Accident Commission.

Death Benefits

6.0 If injury or disease results in death, burial expense of $400. maximum will be paid. A death benefit payable in installments may be allowed to the deceased employee's dependents. For total dependency this is a sum equal to four times the average annual earnings of the employee, but cannot exceed the sum of $12,000. except in the case of the surviving widow and one or more dependent minor children, in which case the maximum is $15,000.

WEIGHT RECORD

	19	19	19	19	19	19	19
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
NS/77							

FORM 721.
CALIFORNIA STATE PRINTING OFFICE

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

STATE HOSPITALS

CATAMENIAL RECORD

NAME Doe, Jane HOSP. CASE NO. [redacted]

YEAR

MONTHS	DATE BEGINNING	DATE ENDING	NUMBER DAYS ILL	SCANTY OR PROFUSE	UNUSUAL PAIN	UNUSUAL SYMPTOMS—REMARKS
JANUARY	INSTRUCTIONS FOR THE USE OF THIS FORM					Length of time between periods. Hyper-active or otherwise. Pain in abdominal region--give explanation--(cramps, pain in one area, etc.)
FEBRUARY						
MARCH	This form is to be made out on every female patient from the time menstruation begins (age 10 to 12) until change of life period (age 40 to 55).					
APRIL	Only the infant wards, the young school girls cottage and the older patient wards are exempt.					
MAY	This form is to be turned in to the Supervisor's Office at the end of each year and it will be placed in the patient's chart.					
JUNE	SAMPLE: 6- -58	6-12-58	5	scanty		
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

SONOMA STATE HOSPITAL
TERMINAL CLEARANCE

_____ Position #_____
Employee (Unit) (Class) (Serial)

Last Day Worked_____

PERSONNEL CHECK OUT SHEET

INSTRUCTIONS TO SEPARATING EMPLOYEE:

Before your final pay check may be prepared it is necessary that your outstanding bill, etc. with this hospital be resolved. To indicate this clearance you must obtain the signature of the proper representative from each unit below after which this sheet must be returned to the Personnel Office. Employees housed on grounds during employment must clear with housekeeper before they can be cleared for Room Rentals by Accounting.

INSTRUCTIONS TO UNIT REPRESENTATIVES:

The employee whose name appears above is separating from our employ on the date shown. Will you kindly sign your name after your unit to indicate this employee's clearance from obligations to your unit.

UNIT	SIGNATURE	DATE
YOUR IMMEDIATE SUPERVISOR	_____	_____
KEYS: Nursing Service Personnel go to Central Nursing Serv.-Rm. 155 in Administration Building.	_____	_____
All other Employees go to Locksmith in Carpenter Shop back of Laundry.		
IN-SERVICE TRAINING OFFICE	_____	_____
ELDRIDGE STORE	_____	_____
Administration Building		
CREDIT UNION Room 149 (Check) (___) (Ret.) (___)	_____	_____
SECURITY - Room 133	_____	_____
SUPERVISING HOUSEKEEPER - Room 140	_____	_____
TELEPHONE - Switchboard	_____	_____
LIBRARY - Room 216	_____	_____
TERMINAL INTERVIEW (_____) (Name)	_____	_____
TIMEKEEPER - Window between 104 & 105.	_____	_____

If unable to obtain all signatures you should so advise the Personnel Office.

Separating Employees are reminded to notify the Post Office of changes of address, release of post office boxes, etc.

4/13/59 (Rev.) Pers. 11

VACATION

1.0 All vacations of ward personnel will be arranged by conference with the Senior Psychiatric Technician II and then will be checked by the Area Supervisor. If the arrangement is satisfactory, the employee must make out and sign his vacation papers (Absence Request Form #634) on the ward before leaving on vacation. Employees whose requests cannot be granted for the time requested will be notified so they may have another opportunity to indicate their preference.

A. One or two vacation days may be taken off in case of emergency other than sickness when the employee has no holidays which may be used. The employee must make written request for such use of vacation days, and the request must be approved by the Area Supervisor before the employee takes the day off. Upon request, five vacation days may be taken between two long weekends if the help situation permits.

B. An employee may not carry forward more than 30 days vacation at the beginning of each year. All holidays and overtime must be used before vacation days in normally scheduled vacations; however, if use of the overtime or holidays will result in the employee carrying more than the regulation 30 days vacation into the next year - the vacation days may be used first to reduce the employee's balance to thirty (30) days.

JURY DUTY

1.0 Employees who are called for jury duty will be allowed their full salary for the time it is necessary for them to be away for such jury duty, provided they refund to the State the jury (or panel) fee received. The employee may retain any reimbursement for travel expense. This time off will not be charged to vacation or accumulated holiday time unless the employee elects to retain the jury fees paid him.

A. The employee called for jury duty must submit an Absence Request (Form #634) in duplicate to his Supervisor at least a day before such jury duty. The Supervisor will affix his signature of approval and transmit the Absence Request Forms IMMEDIATELY to the Timekeeper. The Timekeeper retains the Absence Request for Jury Duty until the employee returns to duty when the employee shall report his return to both the Supervisor and Timekeeper. The Timekeeper shall then complete that portion of the Form #634 indicating the period of absence.

B. If the employee elects to retain the jury or panel fee, the absence may be charged to vacation, holiday, or compensating time off, and the proper form submitted accordingly.

C. Should the employee prefer not to use vacation, holiday or compensating time he must get his completed and approved Form #634 covering his absence for jury or panel duty from the Timekeeper and present it to the Accounting Office together with the check received from the Court. The Accounting Office will deduct whatever amount represents the jury or panel service fee and the balance, if any, representing mileage or meal allowance or both will be returned to the employee together with their (Accounting Office's) receipt. The Accounting Office will retain the Form #634 turned in to them and the employee will take the receipt back to the Timekeeper who will attach it to her copy of the Form #634 covering the employee's jury duty absence.

7.2 E. continued -

Book record the number of siezures so these may be totalled by the 11-7 shift and recorded on the Siezure Sheet.

F. Record in Log Book and Nurses Notes: - when patient goes to a clinic or off the ward for any reason.

G. Names of visitors and the time they are on the ward should be entered in the Log Book and in the patient's folder.

7.3 Doctors Orders should be noted as soon as possible after being written. Fill out medication cards, see if there is medication on the ward -- if there is none notify the Charge.

A. Write any new medication order on Bedside Notes or Continuous Medication sheet.

B. Sign name, not just initials, in red ink - on Medication sheet.

C. No stools to Lab. after Milibis and Aralen in started. Be sure Lab. has run 3 stool specimens before starting treatment. Check with Charge after 3rd stool has been sent to Lab. so Charge may check with Lab. to be sure all 3 stools have been run.

CLOTHING AND PERSONAL BELONGINGS

8.0 Clothes and all personal belongings are to be given to Clothes Room charge and carefully checked.

8.1 Patient will wear only State clothes while on R. & T. unit.

A. Clothes room charge will issue patient clothing.
Clothes will be issued to ward the day before each bath day.
Any necessary clothing between times may be had by seeing the Clothes Room charge.

B. Patient's clothing and personal effects will be kept in the Clothes Room until patient is transferred to assigned ward.

C. Only slippers or socks are worn. No shoes will be worn unless requested and approved by the Chiropodist.

D. Patient may not have jewelry or wear jewelry while on the R. & T. unit.

E. Female patients may use personal lipstick, but no other cosmetics.

PATIENT ACTIVITIES

9.0 No patients are to talk on the telephone at any time.

A. Scheduled smoking times for patients are to be adhered to, and then only in the specified areas.

B. Patients are to be on their own beds only, and only at specified times.

C. Patients are not to loiter around the Nurses'desk at any time.

FORM 720

CALIFORNIA STATE PRINTING OFFICE

STATE OF CALIFORNIA

STATE HOSPITALS

RECORD OF EPILEPTIC SEIZURES

Name Doe, Ella *Hospital Case No.* 23456

DAY OF MONTH AND NUMBER OF SEIZURES

DATE 1954

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Jan.				4		2	1	1	1						1	2	1							1		1			1		16 D
						1										1								1	1	1					1	6 N
Feb.																				1												1 D
										1																						1 N
March							No seizures this month																									D
																																N
April						1	1	1																								3 D
																																0 N
May						No seizures this month																										D
																																N
June																																
																																N
July																																D
																																N
Aug.																																D
																																N
Sept.																																D
																																N
Oct.																																D
																																N
Nov.																																D
																																N
De																																D

Epileptic seizures are to be recorded as they occur on this chart for one year - January through December

When chart is completed, send to Medical Records for filing.

Many wards may elect, for convenience in charting, to keep this sheet in a separate place on the ward. They should be kept in a readily accessible place, however, for examination by physician. It should accompany the ward chart when patient is admitted to hospital.

Special Incidents

54-B

V I S I T

Send to: SUPERVISORS' OFFICE

NO. _____ NAME _____ DATE _____

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ DOCTOR _____

ACTIVITIES - SPECIFY _____ _____ _____
(School) (Entertainment) (Work Detail)

Department	Signed	Date
SOCIAL SERVICE		
SUPERVISORS'		
PHYSICIAN		
DENTIST		

VISIT PERMIT

Is hereby granted to:

Responsible Person: _____

Name _____

Address _____

To go _____ To return _____

THOS. L. NELSON, M.D.
Superintendent and Medical Director

COMMENTS:

FOR USE OF SUPERVISORS' OFFICE

Date _____ _____
Supervisor issuing leave

SS/4

PHYSICAL

4.0 Bathe patient, weigh, measure for height, take temperature, pulse and respiration. and record on Admission Chart.

4.1 Notify Charge (or Relief) of any elevated temperature, or of anything unusual.

4.2 Note any scars, bruises, deformities.

4.3 All new admissions should be given a brief physical check by a physician on the day of admission.

A. New patients arriving after 4:30 P.M. are to be examined by the O.D.

B. Nursing Service should notify the O.D. of any new admission after 4:30 PM.

5.0 Dentists and Chiropodists will be notified every Thursday by memo of all new and returned patients.

A. Patients are scheduled to go to the Dental unit after their period of isolation.

B. After the patient's isolation period, the Chiropodist will see the patient at R. & T., or in his clinic by appointment.

C. The patients will be considered in isolation for the first 7 days and until 3 negative stool specimens have been obtained. During this period, the patient will not intermingle or leave the floor for any reason.

CHARTING AND RECORDING

7.0 Start charting - i.e. fill in Nurses Admission Sheet, and other necessary sheets in the patient's chart.

7.1 Required Laboratory slips are made out by the Night Shift.

A. The doctor will make out routine Lab. orders on the medical order sheet.

B. Record any Lab. work done for a patient in: Log Book, Rand card file and Nurses Notes.

7.2 Record TPR - TID - daily for 3 days following admission, then Temp. at 1:00 P.M. daily for one week. (Unless patient is running a temperature or for some other reason additional orders are given.)

A. Nurses Ward Notes are started within the first week after patient's admission, with another notation just before being sent to their assigned ward.

B. Admission Sheets must be filled in and sent to the Nurses Desk. (Technicians: besure to sign your name at the bottom.)

C. Chart all B.M.s. This is important. Put on the Blue Bedside Notes and on the Temperature book.

D. Restraints -- in recording in the Log Book, specify either of the 3 types: mechanical, behavioral or supportive. The Night Shift (11 - 7) will total and record on restraint sheet.

E. Seizures -- Chart type, duration and severity on Nurses Notes: in the Log

(52-E)

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____ IN CARE OF _____ RELATIONSHIP _____

DATE OF LEAVE _____ TYPE OF LEAVE _____ ADDRESS _____

TYPE OF COMMITMENT _____ SEX _____ DATE OF ADMISSION _____ AGE/BIRTHDATE ON ADMISSION _____

DATE OF RETURN _____ PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ PHYSICIAN _____

ACTIVITIES - SPECIFY _____ (School) _____ (Entertainment) _____ (Work Detail)

Department	Signed	Date Made
SOCIAL SERVICE		
PHYSICIAN		
DENTIST		

COMMENTS:

SS/lo

STATE PROPERTY AND THE TRANSFERRING THEREOF

1.0 Whenever property of any description is to be transferred to a new location, it is mandatory to notify the Property Office in advance, furnishing the equipment number, and being certain of approval before any move is made. This does not apply to an emergency situation where an extra bed is needed immediately on a ward; however, it is imperative that when there is an emergency, the Property Office be notified as soon thereafter as practicable. Transfer of Property must have the signature of the Superintendent of Nursing Services or the Assistant Superintendent of Nursing Services. Record in Ward Report Book. If transfers are made without approval or notification, property records are inaccurate, and it may take several inspections before the transfer is discovered.

2.0 It is requested that all department heads notify their respective divisions to insure complete understanding of this policy.

A. It is also requested that, in the future, all property transactions be cleared with the Property Office - Extension 293 - prior to actual transfer.

B. The management is liable to criticism by the State Auditing Units if property transfers are not made in accordance with general law. In short, since all equipment, buildings, etc., are the property of the State, it is incumbent that we handle transfers in accordance with regulations.

CARE OF PATIENT AFTER DEATH

1.0 Notify ward physician or his relief or the O.D. that the patient has "apparently ceased to breathe". At the same time call the Nursing Service Division Office and give them the above information.

A. The physician will see the patient and pronounce him dead. Record the time the patient ceased to breathe, i.e.,"The patient apparently ceased breathing at 2:10 a.m. Physician notified at 2:12 a.m." Record the time of death given by the doctor who pronounced the patient dead, i.e., "Pronounced dead at 2:30 a.m. by Dr. Smith".

2.0 If the patient is known to be a Catholic and dies suddenly, without being given the last rites, notify the operator to call the priest immediately.

A. If the priest is to see body, merely straighten out the body, close the eyelids and place one pillow under the head.

3.0 Keep dying patient in single room, if one is available. Cover the face with a sheet while waiting for the doctor to pronounce the patient dead.

A. Treat the body reverently.

4.0 If it should be a coroner's case, (any death resulting from falls, suicidal attempts, etc.) consult the physician before doing anything to the body.

A. EXCEPTION -- All patients should have artificial respiration given if asphyxiation has occurred due to any cause.

5.0 The clothing and personal belongings of a deceased patient are to be collected, listed and placed in suitable containers for storage so arrangements may be made for final disposition. These are to be stored on ward until called for.

6.0 Note and record time of death on Nurses' Ward Notes. Prepare a Special Incident Report, when indicated.

7.0 Lower back rests, remove shock blocks, etc., if they have been used.

A. Straighten body, place pillow under head.

B. Close eyes, if possible, immediately after death.

C. Remove all valuables from body, (ring, watch, etc.) and place them in an envelope labeled with the patient's name and case number. Turn any valuables in to the Nursing Service Division Office.

D. Observe all bruises, marks, etc., and record on Special Incident Report.

8.0 Instructions for preparation of body for the mortuary:

A. Remove all the upper bedding except the sheet.

B. Bathe the body and clean out mouth, if needed.

C. Comb hair.

D. Change any soiled dressings. Remove all splints, casts, etc. Catheters, drains, rubber dams, etc., are to be removed. Record on chart.

THIS HOSPITAL STANDARD PROCEDURE CANCELS AND SUPERSEDES THE WARD PROCEDURE AND ROUTINE MANUAL, PAGES 25-31, DATED MARCH, 1951, WHICH SHOULD BE DESTROYED. EFFECTIVE OCTOBER 1, 1957, UNTIL RESCINDED, REVISED, OR REPLACED.

Attachments:

Restraint Order and Report, Original and Duplicate, SSH Form NS/78
Technician's Daily Report, SSH Form NS/1, Rev.
Monthly Report on Restraint and Seclusion, SSH Form NS/2, Rev.
Report on Number of Persons Restrained and Secluded, with Types of Restraint and Hours, by Ward, SSH Form MR/45, Rev.
Mentally Retarded, California Department of Mental Hygiene
Monthly Report on Restraint and Seclusion, DMH Form 11/18/52/2C, Rev.

Distribution:

Director of Mental Hygiene
Deputy Director, Medical Services
DMH Administrative Staff:
Mr. Applegate
Mr. Conahan
Mr. Deming
Mr. Littlestone
Mr. Morgan
Mrs. Steele
Superintendent and Medical Director
Assistant Superintendent, Medical Services
Department Heads
Physician's Manuals
Nursing Service Office
Nursing Procedure Manuals
All Wards

WCK:am

DUPLICATE

STATE OF CALIFORNIA

DEPARTMENT OF MENTAL HYGIENE

SONOMA STATE HOSPITAL

(Institution for Mental Defectives)

MONTHS _____ HOURS OF RESTRAINT PER 24-HOUR DAY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
																							6	0	0	0	8	0	2	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Ward #56 - Lux Date 8-15-58 Hour 3:30 p.m.

Patient's Name Jane Doe Case No. 24680

Form of Restraint Used Camisole

Name of Physician Ordering Restraint Dr. J. L. Smith

Reasons for Restraint *(A mere statement of violence or quarrelsome tendencies will not be sufficient; detailed reasons must be given):*

(Employee will repeat the information given under this heading on page 1)

[Signed] _____
Charge Attendant
(or technician in charge)

DATE	FORM OF RESTRAINT	PHYSICIAN'S MONTHLY COMMENT
6-30 1st Month	Camisole	The charge technician will send this
7-31 2nd Month	Camisole	form to the physician each month for
8-30 3rd Month	Camisole	comment.

THIS SHEET IS KEPT ON WARD

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

SONOMA STATE HOSPITAL
(Institution for Mental Defectives)

RESTRAINT ORDER AND REPORT

Whenever a patient's physical activity is limited by mechanical means, a restraint order and report must immediately be made out. The original must be delivered to the Superintendent as soon as possible after application of restraint. Duplicate will be retained in the ward and used to report continuation and removal of restraint.

The use of the following constitute restraint: Camisole, mittens, anchoring belt to chair or bench, wristlets, anklets, tie jackets and restraining sheet.

Ward #56 - Lux Date 8-15-58 Hour 3:30 p.m.

Patient's Name Doe, Jane Case No. 24680

Form of Restraint Used Camisole

Name of Physician Ordering Restraint Dr. J. L. Smith

Reasons for Restraint *(A mere statement of violence or quarrelsome tendencies will not be sufficient; detailed reasons must be given):*

Jane Doe is an epileptic patient. Following a seizure at 3:00 p.m. she became very disturbed, throwing chairs and pulling the hair of other patients. There are no single rooms on this ward in which she could be secluded. To protect property and other patients restraint was necessary.

[Signed] _____
Charge Attendant
(or technician in charge)

Psychiatric or Surgical Reasons for Restraint

To be filled in by the physician.

Date _____ [Signed] _____
SEND TO WARD DOCTOR FOR HIS SIGNATURE Physician

64221 10-57 3500 DUP ① SPO

PATIENT WORKING OFF GROUNDS - REGULATIONS

POLICY FOR OFF GROUNDS WORK FOR PATIENTS

1.0 All patients are to be signed out at Thompson Cottage (#66), for the present, for weekend work or allowed-holiday work. No patients are to be assigned to outside work on Hospital Policy approved holidays. These are: New Year's Day, Easter Sunday, July 4th, Thanksgiving Day, and Christmas.

1.1 The Supervisor in charge of Thompson, or his relief, will sign all weekend patients out until 9:00 a.m. No other person is to sign patients out. Patients leaving grounds after 9:00 a.m. will be signed out at Central Nursing Office. All sign-out slips will be brought to Central Nursing Office at 9:00 a.m.

1.2 All patients will be allowed only two off-grounds work days per week unless cleared by ward team and approved by Assistant Superintendent Psychiatric in charge of the section.

1.3 Industrial placement patients may go out on a weekday if it is their day off. These patients are to be signed out at Central Nursing Office. A list of patients assigned to industrial placement and their days off will be kept at Thompson and Central Nursing Office - (as prepared by Industrial Service).

PAYMENT

2.0 The rate of pay has been established at $3.00 per 8 hour day, or 50¢ per hour. All time will be figured on portal to portal basis. A half hour may be deducted for lunch. Patients are to be returned before 4:30 p.m. to Central Nursing Office. Anyone returning a patient after 4:30 p.m. must feed the patient his supper or pay $1.50 charge when paying for patient's work day.

2.1 All fees are to be paid when patient is returned. No credit is to be granted any employer unless cleared by ward team and approved by the Assistant Superintendent Psychiatric.

RESPONSIBILITY

3.0 The employer signing for the patient is responsible for the patient. A member of the employer's family may return the patient and pay the fee, but the patient is not to be turned over to another employer after being signed out.

3.1 Employer is asked to state type of work to be done, when signing patient out; and to write a short evaluation of patient's ability when patient is returned.

NOTE!

4.0 Any variation of above rules on part of any employee will be subject to disciplinary action. Any variation by anyone other than an employee may result in possible legal action and the individual will be barred from taking advantage of this arrangement in the future.

SONOMA STATE HOSPITAL - ELDRIDGE, CALIFORNIA

Date: _____

In taking this patient to my home for work or recreation purposes I agree to pay the wage set (____per hour) by the Institution, and also to furnish meals if patient is not returned by meal time, I understand that I am fully responsible for the proper care and supervision of this patient while he/she is off the institution grounds. I CERTIFY THAT THE VEHICLE USED TO TRANSPORT PATIENTS IS COVERED BY PL/PD INSURANCE.

NAME of PATIENT_____ Signature_____
Employer

WARD_____ ADDRESS_____

TYPE OF WORK_____ PHONE _____

_____ _____ _____ Approved by:_____
Time Out Time In No. Meals Supervisor

_____ _____ _____
Hrs. Worked Wages per hour Amount paid

Received by _____

MONTHLY REPORT ON RESTRAINT AND SECLUSION

SONOMA STATE HOSPITAL

(Institution) (Ward) (Sex) (Month) (Year)

Day of Month	Medical Restraint		Supportive Restraint		Behavioral Restraint		Total Restraint		Seclusion	
	No.	Hrs.	No.	Hrs.	No.	Hrs.	No.	Hrs.	No.	Hrs.
1										
2										
3										
4										
5										
6										
7										
8										
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29										
30										
31										
Total										

SSH Form No. NS/2, Rev.

EXPLANATION OF OPTIONAL SETTLEMENTS

A member's unmodified retirement allowance is paid during his lifetime and stops at his death unless it is subject to automatic continuance (see below). Instead of the unmodified allowance, a member may elect a reduced income under one of the following options in order to provide protection for a beneficiary.

Option No. 1—If the retired member dies before he receives in annuity payments (provided by his contributions) the amount of his accumulated contributions at retirement, the balance will be paid his beneficiary.

Option No. 2—The amount of reduced retirement allowance will be paid during the lifetime of the retired member, and the same monthly amount will be continued throughout the remaining lifetime of his beneficiary.

Option No. 3—The amount of reduced retirement allowance will be paid during the lifetime of the retired member, and fifty per cent of his reduced retirement allowance will be continued throughout the remaining lifetime of his beneficiary.

The allowance payable to the retired member will be larger than the allowance payable under Option No. 2.

Option No. 4—The retiring member may elect such other joint annuity benefits as are the actuarial equivalent of his retirement allowance, as are approved by the Board.

NOTE: Dates of birth of beneficiaries under Options 2, 3, and 4 (if a life income is provided the beneficiary) must be supported by satisfactory documentary evidence before allowance payments can commence. If you plan to elect Option 2, 3, or 4 (providing for a life income to a beneficiary), you should obtain a certificate of birth, baptismal certificate, or family Bible record showing the date of birth of your beneficiary and send such documentation to the System before the effective date of your retirement. Documents provided will be returned. A delayed birth certificate based upon affidavits, or a sworn affidavit is not acceptable as proof of date of birth. A copy of the marriage license must also be submitted if the name in the proof of birth date is other than the present married name of the beneficiary.

EXPLANATION OF AUTOMATIC CONTINUANCE

(Applies ONLY to Forestry, Warden, Patrol, and Certain Local Safety Members)

One-half of the service or industrial disability allowance payable to a retired Forestry, Warden, or Patrol member will be continued to certain survivors after the death of such a retired member. The provision also applies to those local safety members whose agencies have elected to include Government Code Section 21264 in their Retirement System contracts. If a member subject to this coverage elects an option, the option will apply only to the portion (one-half) of the allowance which would not be automatically continued.

75260 4-58 30M.② SPO

DAILY WARD REPORT BOOK

SAMPLE (No vacant lines to be left between lines) SAMPLE

Friday, August 1, 1958 — 6:45 a.m. to 3:15 p.m. -- 9:00 to 5:30 p.m.
On Duty: M. Smith, P.T.II, O. Jones, P.T. - J. Hill and O. Rose, Trainees
B. Black, P.T. - Absent

52	Capacity	0	Hospital
58	Population	2	Employed on Ward
60	Beds	54	Employed Off Ward
56	Patients beginning of shift	1	Non-worker
57	Patients end of shift	1	Def. visit
2	pink slips beginning of shift	57	Actual count
1	pink slip end of shift	2	Vacant beds

7:00 a.m. - 28 details off ward
7:00 a.m. - Personnel check by (Supervisor)
9:00 a.m. - Sue Jones #12345 - fell while having an epileptic seizure opening an old wound at base of skull. Dr. X. called - ordered patient to hospital, 5 stitches were taken. Patient returned to ward. Doctor ordered 3 da. bed rest. Medication changed. Special Incident made.
9:30 a.m. - Brown, Jane #6644 to Eye Clinic with O. Jones - returned 10:00 a.m.
11:00 a.m. - Doe, Joan #45067 - returned from Def. visit
11:30 a.m. - Supervisor _____ _____ on ward.
1:30 p.m. - 13 patients to Activity Center Party with O. Jones
2:00 p.m. - Dr. _____ _____ on ward.
2:30 p.m. - Emergency repair - reported refrigerator out of order.
3:00 p.m. - 13 patients returned from Activity Center
Keys and lanterns count.
Ward checked with Mrs. Hill, P.T.I

(Always draw lines between shifts.)

M. Smith, P.T.II

Friday, August 1, 1958 2:45 p.m. to 11:15 p.m.
On duty: V. Hill, P.T.I; J. Gray, P.T.T.
Supervisor _____ _____ checked personnel

58	Population	0	Hospital
60	Beds	57	Actual count
57	Patients beginning of shift	1	Definite leave
57	Patients end of shift	56	Sleeping
1	Pink slip beginning of shift	4	Empty beds
1	Pink slip end of shift		
2	Vacant beds		

3:30 p.m. - Referigerator repaired - 26 details returned to ward
4:00 p.m. - 2 details returned to ward
5:35 p.m. - Supervisor ____ _____ on ward. - Brown, Ann #12345 sleeping at Dr. Frederickson's.
5:45 p.m. - Medications given as ordered.
Clothes did not come back from laundry.
1 set of keys and 2 lanterns checked.
Ward checked with C. Brown, P.T.I

Mrs. Hill, P.T.I

Friday, August 1, 1958 11:00 p.m. to 7:00 a.m.
On duty: G. Gray
11:00 p.m. - Personnel Check by Supervisor _____ _____.

58	Population	1	pink slip
57	Patients at beginning of shift	57	Actual count
57	Patients at end of shift		

Brown, Ann #12345 sleeping at Dr. Frederickson's.
4:00 a.m. - Supervisor ____ _____ on ward.
Details day off: Sue Brown and J. Black.
7:00 a.m. - Medications given as ordered.
Ward checked with M. Smith, P.T.II

C. Brown, P.T.I

(8.0 continued)

E. Pin on diaper. Triangle, with padding.

F. Put on patient's gown.

9.0 Place sheet diagonally on bed, so about 18 inches extends above the head and below the feet. Place body in center of sheet.

10.0 Measure off three pieces of adhesive, long enough to go around wrist, and ankle. On each piece of adhesive tape write with ink the patient's name, case number, DATE OF DEATH, TIME OF DEATH AND NAME OF WARD.

A. Place one identification adhesive on the left wrist and one on the right ankle.

11.0 Tie wrists and ankles together with gauze. Not too tightly.

12.0 Place upper corner of sheet lightly over face, lower corner over feet, fold the sheet around the body. Using safety pins, pin sheet firmly along side of body. Be careful not to disfigure body.

13.1 Place the third adhesive identification strip across the chest on the sheet. For security, pin on with safety pin.

14.0 Make out nine death notices: 2 notices go with the body to the mortician, 7 notices are sent to the switchboard operator, who will distribute them as follows: (1) Superintendent,(2) Associate Superintendent, (3) Asst. Supt., Psych. or Med.,(4) Medical Records,(5) Switchboard,(6) Supt. of Nursing Service, (7) C.P. Project.

15.0 Make out one tag with name, number, ward and doctor to be placed on the proper refrigerator door by the person transporting the body to the morgue, after placing the body in the regrigerator.

16.0 When the body is ready to be taken to the Morgue, call C.N.O., ext. 219, for transportation between 7:00 a.m. and 3:00 p.m.. Between 3:00 p.m. and 7:00 a.m. call the switchboard operator for transportation.

PHYSICAL THERAPY

1.0 Ordering of Physical Therapy Treatments

For any patient needing treatments at the Physical Therapy Department in Chamberlain Hospital, the ward physician must write an order in the ward folder on the medical order sheet. It is the responsibility of the ward charge to telephone the Physical Therapist at Extension 284, or if no answer, call Extension 297, for an appointment. When the patient comes to Physical Therapy the one in charge should send the patient's chart with the patient.

2.0 Instructions in Use of Braces, Chairs and Other Equipment

The use of cerebral palsy equipment is directly under the supervision of our physical therapy department and it is the department's duty to instruct the personnel on the ward in the use of the various types of equipment. As regards any kind of orthopedic brace and any type of relaxing or posture chair, there must be a written order on the ward medical order sheet, signed by a physician, for the placing of a patient in such equipment. It will be the responsibility of the ward charge or a technician with special cerebral palsy training to carry out the physician's orders. Whenever a patient with a special orthopedic appliance is to be moved from one cottage to another, or a chair or other equipment that belongs to the State is to be exchanged, it will be necessary to notify the physical therapist, who will then handle the transfer of the equipment under the direction of the property clerk, according to the routine for the movement of equipment in this institution. The re-assignment of braces will be arranged by the physical therapist.

3.0 Instruction for Requisitions and Repair of Orthopedic Equipment

For the replacement, repair, fitting, special adjustment, or instruction in use of any braces, crutches, canes or special orthopedic appliances such as posture chairs and walkers, arrangements are made by calling the physical therapy department.

4.0 R. & T. Area; New Patients

On referral by the physician the services of the physical therapy department will be available for the adjustment and fitting of braces, chairs or other special orthopedic appliances.

5.0 Cerebral Palsy Clinic

On the last Wednesday of every month a cerebral palsy clinic is held under direction of Dr. Dorinson, a specialist in Physical Medicine and Rehabilitation. Patient referrals should be made by the physician through the Physical Therapy Department.

SEPARATIONS

RESIGNATION

1.0 Any employee may voluntarily resign if he so desires. A resignation paper (Form #605 - Report of Separation) should be signed in the Personnel Office.

Personnel Check Out Sheet:

2.0 On the page following is a sample Personnel Check Out Sheet commonly referred to as a "clearance sheet".

A. As a matter of routine procedure every separating employee is required to have this form completed, i.e., signed by appropriate representatives of the departments or offices listed.

B. This sheet is left with the Timekeeper after all possible signatures are obtained.

3.0 The final pay warrant cannot be released until any outstanding charges are paid, books, texts or equipment returned and the employee is cleared by the department affected.

4.0 Any employee who gives written indication of resignation will be given credit for all holidays and vacation days, as well as overtime, that have been earned.

A.W.O.L.

5.0 Any employee who is absent without leave (AWOL), whether voluntary or involuntary, for 5 consecutive working days is dropped from the payroll by automatic resignation.

A. If an employee fails to return from a leave of absence and does not notify his department either verbally or in writing, the separation will be reported as AWOL.

B. An AWOL is posted to the employee's record and is considered as an unfavorable type of separation. Future State Civil Service employment is delayed until a satisfactory explanation of the AWOL has been submitted. Reinstatement is not approved unless the explanation of the AWOL is satisfactory. Eligibility for certification from any eligible list is withheld until a satisfactory explanation of the AWOL has been submitted.

VERBAL RESIGNATION

6.0 An employee with permission to be absent will not be dropped until after fifteen (15) working days. Such separation will be reported as a verbal resignation if the reason given for the absence is acceptable to the Superintendent of Nurses and to the Personnel Officer. If the reason given is not acceptable to the Superintendent of Nurses and the Personnel Officer, and the employee is not given permission to be absent, he may be made AWOL in spite of his verbal notice.

SEPARATIONS - cont.

VERBAL RESIGNATION - cont.

7.0 Separating employees who are members of the State Employees' Retirement System and therefore have had retirement contributions deducted from their earnings should complete the State Employee Retirement System Form #238 -- Request for Disposition of Separated Members' Retirement Contributions after signing their resignation (Form #605 - Report of Separation).

The following 15 pages, in the order shown, comprise the patient's folder.

RECORDS OF PACKAGES, MAIL, VISITORS, LEAVES, SPECIAL INCIDENCE, etc., TO BE INCLUDED AT DISCRETION AND IN ORDER SATISFACTORY TO WARD CHARGE BEHIND PROCEDING PAGES.

SUMMARY OF HOSPITALIZATIONS

TO BE KEPT CURRENT When patient returns to ward following a period of hospitalization, date of hospitalization and diagnosis are to be added to this list.

MOST RECENT COMPLETE PHYSICAL EXAMINATION

This is to be kept in Chart until a subsequent physical examination is done. In many cases the most recent complete physical will be contained in a Ward Progress or Conference note or Consultation note. In that case this sheet should appear with notation - "for complete physical see Ward Note of (date)".

SURVEYS

WARD, DIAGNOSTIC, and SCREENING CONFERENCES

To be left in chart until culled out

by Ward Physician

INSTRUCTIONS REGARDING HANDLING OF DOCUMENTS WHEN PATIENTS ARE RELEASED ON ANY LEAVE OF ABSENCE

1.0 It is the responsibility of the Technician II (or Relief) to see that all documents are processed properly and all employees who may be required to process a patient's leaving or returning to the ward are thoroughly instucted as to the correct and proper procedure. This procedure is very closely related to the Technician's Daily Report, as all activity involving a patient's leave status is documented and is reportable on the Technician's Daily Report on the date of the activity.

2.0 All documents giving permission for patients leaving Sonoma State Hospital (over-night or longer) initiates in Social Service Department. A patient may not be released to any one without proper documentation on the ward, or a phone call from Social Service or Central Nursing office, stating the document is on the way to the ward. The one exception to this is if a Parent (or recognized interested party) requests permission to take the patient on a Leave of Absence, and has not previously contacted Social Service and the Social Service Department is not open (i.e. after office hours). The ward Charge may refer the situation to the O.D. who will decide the issue. If the O.D. allows the persons to take the patient, all pertinent information is to be given to the ward's Division Office, who will be responsible for notifying Social Service of the activity.

3.0 Patients are released on various types of Leaves of Absence, identified by the following statuses:

A. Visit: (or V.) To be gone no longer than one week. (See *Note.)

B. Definite Visit (or D.V.) To be gone longer than one week, but no longer than 60 days. (See *Note.)

The Indefinite Leave Statuses

C. Family Care Home (FCH). Home Placement (H.P.). Vocational Placement (V.P.) To be gone for an indefinite period of time beyond 60 days. (See *Note.)

*NOTE: These lengths of time for the various leaves are noted for your general information. Social Service will identify the type of Leave status on the release document. You are not required to determine statuses of the Leave.

The following includes complete instructions covering each of the Leave statuses.

4.0 Visit (V). Social Service will clearly identify this status by the heading at the top of the paper and by the color of the paper - Yellow. (see SAMPLE page 52 B .) The day the patient leaves the ward reports the activity on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 52, para. 18.0) The Visit slipis held on the ward until the patient's return.

5.0 When the patient returns from the Visit, the ward reports the activity on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 52, para 19.0) The Visit slip accompanies the Technician's Daily report to the Division office.

6.0 Definite Visit (D.V.) Social Service will clearly identify this status by the heading at the top of the paper and by the color of the document - Pink. (See SAMPLE - page 52 C .) This document will have attached at the top duplicate copies of form 719-A. (See SAMPLE - page 52 C .) The information printed on the 719-A is carbon copied on the top of the Definite Visit (Pink) slip. At the time the patient is released, the original of the 719-A is given to the party to whom the patient is entrusted. The duplicate copy of the 719-A accompanies the Technician's Daily Report to the Division office. The Pink slip is held on the ward until the patient's return. This activity is reported on the Technician's Daily Report. (Refer to page 51, para. 1.0 and 51-A, para. 18.0)

7.0 When the patient returns from the Definite Visit, the ward makes out form 722-A in triplicate. (See SAMPLE - page 52 D .) All three copies, along with the Definite Visit (Pink) slip, accompany the Technician's Daily Report to the Division office. This activity is reported on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 51-A, para. 19.0) Refer to page 8 for procedure for Examination of Returned Patients.

8.0 Indefinite Leave: (Family Care Home, Home Placement & Vocational Placement)

The ward will receive from Social Service their form, Green in color, which will indicate the type of Indefinite Leave status the patient is to be released on. This document will have attached to the top duplicate copies of form 719-A (See SAMPLE on page 52-E .) with the information carbon copied onto the Green slip. When the patient leaves the ward, the original of the 719-A is given to the party to whom the patient is entrusted. The Green slip and the remaining 719-A accompanies the Technician's Daily Report to the Division office. This activity is reported on the Technician's Daily Report. When a patient is released on any Indefinite Leave status the patient is dropped from the ward's assigned population, so the ward will have one less "No. of Patients" and one more "Vacant Bed". (Refer to page 51, para. 2.0 and 4.0 and page 51-A, para. 15.0) The patient's folder is sent to Pre-Admission office for filing until the patient returns.

9.0 When the patient is returned from an Indefinite Leave, the ward will fill out form 722-A in triplicate. (See SAMPLE page 52-D .) All three copies accompany the Technician's Daily Report to the Division office. The ward is to receive the patient's folder from the Pre-Admission file. This activity is to be reported on the Technician's Daily Report. The patient's return will give the ward one more "No. of Patients" and one less "Vacant Bed". (Refer to page 51, para. 2.0 and 4.0 and page 51-A, para. 17.0) Refer to page 8 for procedure for Examination of Returned Patients.

NOTE: Patients returning to Sonoma State Hospital from an Indefinite Leave are subject to a period of isolation. Refer to page 8-B for these instructions.

ACCIDENT REPORT
(Make out in Duplicate)

Date of Injury 1[illegible]-[illegible]-57
Time [illegible] AM PM
On Duty? [illegible]

1. Name [illegible]
2. Classification [illegible]
3. Home Address _____
4. Age _____ (Check X) Male _____ Married _____
   Female X Single _____
5. Exact place of accident [illegible] - Lux - In day hall
   (Give specific location, such as "Front door of Lux Cottage)
6. What were you doing when accident occurred? [illegible] in, to restrain patient from attacking another
7. How did accident happen? In trying to restrain patient from attacking another patient, I received severe lacerations of [illegible] and a sprain. Also the sleeve of my uniform was badly torn.
8. Describe fully the nature of injury, and state what parts of body were affected. Lacerations of left shoulder
9. Did you receive emergency treatment here? yes From whom? [illegible]
10. Did you consult a private physician? yes On what date? 1[illegible]-1-57
    Doctor's name and address: Dr. [illegible], Elm. Ill.
    Signature
11. Witness [illegible] of injured [illegible]
    [illegible] Date of this report 1[illegible]-[illegible]-57

REPORT BY SUPERVISOR

a. Did you personally confirm the accuracy of the above statements? _____
b. Did your investigation develop anything not covered above? _____
c. REMARKS: (Include recommendations for preventing similar accidents)

Date: _____ Time: _____ Signed _____

TIMEKEEPER: Please furnish the following information: Position No. _____
Did the above employee fail to report on his next scheduled shift? _____
What was the last date employee reported for work? _____
Were the absent days due to the injury? _____
(Please attach a current schedule when necessary.)

_____
Initials and date

(Personnel Office 9-25-53)

INSTRUCTIONS - " CLAIM FOR DAMAGE TO EMPLOYEE'S PERSONAL PROPERTY.

1.0 "Personal Property" refers to eye glasses, hearing aids, dentures, watches or clothing when damaged or destroyed in line of duty without fault of the employee.

A. In cases where a compensable injury is also involved, the damage to personal property is reported on the PINK Accident Report Form. (Refer to page 25 and 25-A)

Otherwise the damage is reported in duplicate on the BLUE Accident Report, (See SAMPLE page 26-A) on which will be found the Instructions to Employee and Employee's Bill to State of California, which must be completed in duplicate. It is also necessary for the employee to obtain two copies of the receipted bill from the doctor or store which replaces or repairs the damaged goods. No claim can be filed until the bill is paid and receipted bills are obtained. These should be attached to the BLUE copies of the Accident Report and submitted to the office of the Personnel Officer's secretary.

PROCEDURE

2.0 The employee making the claim should write out a statement giving an account of the incident, description of damage, and age and value of the article to be replaced or repaired.

A. If the incident was witnessed by another employee, have such employee sign his name in the proved space.

B. Have your area supervisor complete the Report by Supervisor at the top of the page.

C. Submit a receipted bill in duplicate from the doctor or store showing amount paid to replace/repair the article.

D. Fill out Employee's Bill to State of California on the back of the Accident Report, covering the amount of the bill, and sign it.

E. Submit these papers to the Personnel Officer's secretary for further action.

#1

ACCIDENT REPORT

(Make out in Duplicate)

Date of Injury 12-6-57

1. Name Doe, Jane — Time 9:30 AM — On Duty?

2. Classification Psych. Tech. Tr. #300-8235-001

3. Home Address

4. Age _____ (Check X) Male _____ Married _____

Female x Single _____

5. Exact place of accident Dormitory of Poppe #55

(Give specific location, such as "Front door of Lux Cottage)

6. What were you doing when accident occurred? Diapering patients

7. How did accident happen? Pinning diapers with dull safety pins.

8. Describe fully the nature of injury, and state what parts of body were affected.

Forefinger of right hand - pin prick

9. Did you receive emergency treatment here? yes From whom? self-applied Merthiolate

10. Did you consult a private physician? no On what date? _____

Doctor's name and address: _____

Signature

11. Witness Ann Smith of injured Jane Doe

Date of this report 12-6-57

REPORT BY SUPERVISOR

a. Did you personally confirm the accuracy of the above statements? _____

b. Did your investigation develop anything not covered above? _____

c. REMARKS: (Include recommendations for preventing similar accidents)

Date: _____ Time: _____ Signed _____

TIMEKEEPER: Please furnish the following information: Position No. _____

Did the above employee fail to report on his next scheduled shift? _____

What was the last date employee reported for work? _____

Were the absent days due to the injury? _____

(Please attach a current schedule when necessary.)

_____

Initials and date

(Personnel Office 9-25-53)

ACCIDENT REPORT #2 -- (Personal Injury and Property Damage)

1.0 If an accident is incurred resulting in an injury which involves personal property damage --

A. Fill out "PINK Accident Report" in duplicate.

B. State how property was damaged (in line of duty - working with patient, etc.).

C. Have accident report on Superintendent of Nursing Service desk within 24 hours after the accident.

D. If witnessed by another employee, have him/her write his/her version of the incident.

See Sample #2 - next page

UNAUTHORIZED LEAVE OF ABSENCE

10.0 When a patient is officially placed on Unauthorized Leave of Absence (Refer to page 9, para. 1.3) the patient is dropped from the ward's assigned population and after one week the patient's folder is sent to Pre-Administration Office for filing until the patient returns.

11.0 When a patient is returned from Unauthorized Leave of Absence the same ward procedure is used as a return from any Indefinite Leave, (Refer to page 52-A, para 9.0) with the addition of procedure governing apprehension. (Refer to page 8-B and page 9, para. 3.0)

52-C

SSH Form 719A

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME	CASE NO.	IN CARE OF	RELATIONSHIP
DATE OF LEAVE	TYPE OF LEAVE	ADDRESS	
TYPE OF COMMITMENT	SEX	DATE OF ADMISSION	AGE/BIRTHDATE ON ADMISSION
DATE OF RETURN		PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE	

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

(52-C)

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____

IN CARE OF _____ RELATIONSHIP _____

DATE OF LEAVE _____ TYPE OF LEAVE _____

ADDRESS _____

TYPE OF COMMITMENT _____ SEX _____

DATE OF ADMISSION _____ AGE/BIRTHDATE ON ADMISSION _____

DATE OF RETURN _____

PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ PHYSICIAN _____

ACTIVITIES - SPECIFY _____ (School) _____ (Entertainment) _____ (Work Detail

Department	Signed	Date Made
SOCIAL SERVICE		
PHYSICIAN		
DENTIST		

COMMENTS:

SS/4

52 D

SSH Form 722A

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____ SEX _____

DATE OF RETURN _____ TYPE OF LEAVE _____

COUNTY _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

Fill out in triplicate

DIRECTIONS FOR MAKING OUT PSYCHIATRIC TECHNICIANS DAILY REPORT

Refer to SAMPLE - page 51 B.

Explaination of Items

1.0 V & D.V.: These forms (Yellow and Pink slips) are initiated in Social Service and are held on the ward during the time a patient is out on a Visit (Yellow) or a Definite Visit (Pink). The number of Yellow and Pink slips being held (representing the number of patients out on V. or D.V.) are counted and reported here.

2.0 No. of Patients: This figure reflects the total number of patients assigned to the ward. (i.e. including patients hospitalized or sleeping off the ward. It doesn't include patients being guested on the reporting ward.)

3.0 No. of Beds: This figure reflects the number of beds the ward is assigned. This figure changes only upon the order of the Superintendent of Sonoma State Hospital, or the Associate Superintendent.

4.0 Vacant Beds: This figure is the number of beds not in use by assigned patients, thus it represents the difference between the No. of Beds and the No. of Patients.

5.0 Excess Patients: This figure represents the number of patients assigned to the ward over and above the No. of Beds assigned. (i.e. the wards maximum population possible is the same as the No. of Beds, thus any patients assigned to the ward after this population figure is reached are in Excess of the maximum population allowed.)

6.0 Hospitalized: This figure reflects the number of assigned patients that are in the "Hospital". (When a patient is sent to the Hospital, he is not dropped from the wards population.)

7.0 Sleeping off Ward: This figure reflects the number of assigned patients who are sleeping off ward - either guested on another ward, or working on the grounds housing facilities as details, etc.

8.0 Guest on Ward: This gigure reflects the number of patients being guested on the reporting ward.

9.0 Restraint and Seclusion: These figures are to reflect the total number of patients and the total number of hours in the various types of restraint and seclusion indicated.

10.0 Remarks: This space to be used for signature of Supervisor and Doctors visiting the ward. It may be used to clarify any figures or information listed on the report which may require further explanation.

11.0 New Admissions: List all patients by name and number that are admitted to Sonoma State Hospital and are assigned to the reporting ward. (Not patients returning from an indefinite leave or being received via inter-ward transfer)

12.0 Discharged: List all patients by name and number discharged from Sonoma State Hospital. (Not patients being transferred off the reporting ward or patients leaving ward's population on an Indefinite Leave or U.L.A. status.)

13.0 Expired: List patients by name and number giving exact time of expiration.

14.0 Transferred: To Ward: List patients by name and number being transferred off the ward. If more than one patient is being transferred and they are going to various wards, indicate the ward to which each patient is being sent. If there is not enough space available on the face of the report, turn the paper over and use back of the sheet. Be accurate.

15.0 Transferred: From Ward: Same procedure as 14.0, listing patients transferred to the reporting ward and indicating the ward sending patient (s).

16.0 On Indef. Leave: List patients by name and number who have been released on Indefinite Leave. (i.e. Family Care Home, Home Placement, and Vocational Placement. Clearly indicate type of Indefinite Leave.) Documents must be on the ward supporting this activity. (See page52 A, para. 8.0 for instructions regarding the handling of documents.)

17.0 Return Indef. Leave: List patients by name and number who have been returned to the ward from an Indefinite Leave. (See page 52 A, para. 9.0 for instructions regarding handling of documents.)

18.0 On V. or D.V.: List patients by name and number who have been released on Visit or Definite Visit. Indicate after each name whether patient is on Visit or Definite Visit. Documents must be on the ward supporting this activity. (See page 52, para. 4.0 and 6.0 for instructions regarding handling of documents.)

19.0 Return from V. OR D.V.: List patients by name and number who have been returned from A Visit or Definite Visit. (See page 52, para. 5.0 and page 52 A, para 7.0 for instructions regarding handling of documents.)

20.0 Unauthorized Leave: List any patient by name and number who has been officially put on Unauthorized Leave of Absence.

21.0 Returned from Unauthorized Leave: List any patients by name and number who are returned to population from Unauthorized Leave.

NOTE: The Technician's Daily Report covers the above itemed patient activity for the 24 hour period from 12:00 Midnight to 12:00 Midnight. The ward Charge heads up the report, filling in current information so at the end of the day shift the report reflects all activity to that time. The Night Watch shift is responsible for seeing the report reflects all activity occurring from the end of the day shift til 12:00 Midnight; that the report is correct and all necessary documents are attached. The report is sent to the Division office at Midnight. In reporting activity in paragraphs 12.0 through 21.0 the time is to be noted.

ITEM NUMBERS SHOWN HERE IN RED CO RESPOND TO PARA. NUMBERS ON INSTRUCTION PAGE - 51 & 51-A

TECHNICIAN'S DAILY REPORT

SONOMA STATE HOSPITAL

Ward: _____ Date: _____

V. & D. V.: 1.0

No. of Patients: 2.0

No. of Beds: 3.0

Vacant Beds: 4.0

Excess Patients: 5.0

Hospitalized: 6.0

Sleeping off Ward: 7.0

Guest on Ward: 8.0

Restraint & Seclusion: 9.0

	No. Pts	No.Hrs.
A. Medical Restraint:		
B. Supportive "		
C. Behavioral "		
D. Seclusion		

REMARKS: 10.0

New Admissions: 11.0

Discharged: 12.0 Time: _____

Expired: 13.0 Time: _____

Transferred: 14.0 To Ward: _____

Transferred: 15.0 From Ward: _____

On Indef. Leave: 16.0 Time: _____

Return Indef. Leav : 17.0 Time: _____

On V. Or D.V.: 18.0 Time: _____

Return V. Or D.V.: 19.0 Time: _____

Unauthorized Leave: 20.0 Time: _____

Return Unauthorized Leave: 21.0 Time: _____

Technician in Charge:

A D M I N I S T R A T I V E

NAME

NUMBER

BIRTH DATE

DATE OF ADMISSION

I.Q.

RELIGION

PICTURE

M E D I C A L

RECORD OF CONTINUOUS MEDICATION

NAME
NUMBER

DRUG	DOSAGE	FREQUENCY	DATE ORDERED	D.C.

ANTI-CONVULSANT MEDICATION

MEDICAL ORDER

Name Doe, John Hosp. No. 24680 Birth 2-12-18

Admission Date: 2-20-39 I.Q. 50 M. or F. (1)

Summary of Diagnosis:

Summary of Peculiarities:

Date (2)	DIAGNOSIS (3)	MEDICAL ORDER (4)	Init. (5)	D.C. (6)

INSTRUCTIONS:

(1) means the sex of the patient - male or female
(2) means the date the doctor writes the order
(3) diagnosis to be written in by the doctor
(4) medical order to be written by the doctor

If the doctor gives a verbal order or an order over the telephone, it will be the responsibility of the attendant or nurse to whom the order is given to write the order down on the "Medical Order" sheet. It will be the responsibility of the attendant or nurse in charge of the cottage or ward to insist that the doctor O.K. and initial the order as written by the attendant or nurse the very next time the doctor visits the ward.

(5) is the place for the initials of the doctor giving the order
(6) is the place for the date on which the doctor orders the medication or treatment to be stopped.

SAMPLE:

2-16-50	Epilepsy	Phenobarbital gr. 1as three times a day at 7:30, 12:30 and 5:30	J.A.B.	

Order sheet should be used only to record diagnosis and orders.

Physical findings and History should be recorded on Medical History Sheet.

Current order sheet is kept on top -- previous ones behind it.

SONOMA STATE HOSPITAL

NURSES AND TECHNICIANS NOTES

NAME JONES, Sue Hospital Number 12345

DATE Hour Ward #57 - Slater Cottage

8-28-57	9:00 a.m.	Fell in an epileptic seizure opening an old wound at the base of skull. Dr. X called - ordered patient to hospital where 5 stitches were taken. Patient returned to ward. Doctor ordered 3-day bed rest. Medication changed -- Dilantin gr.***- T.I.D.
		Special Incident Report made on above - (1 original and 3 copies)
10-3-57	8:00 p.m.	Sue has been in an argumentative mood since supper-time. Was resistive and had to be escorted to bed. Was quiet after a short while.
11-13-57	12:30 p.m.	Sue has an eruption on left forearm--Dr.prescribed
	1:00 p.m.	Hot soak to left arm 20 minutes PT
	4:00 p.m.	" " " " " " " PT
	8:00 p.m.	" " " " " " " PT
	8:00 p.m.	Penicillin 600,000 Units RN

Nurses Notes should be kept by Nurses and Technicians as a record of the patient's condition, not only the physical aspects such as temperature, medications, treatments; but also any unusual behavior which might require assistance by either nurse or technician.

SONOMA STATE HOSPITAL

Name Doe, John Hosp. Case No. 000000

Date

HISTORY AND PHYSICAL EXAMINATION DIAGNOSIS

Date and Initial all Entries:

Medical History Sheet for notations by doctors only -- pertinent physical findings or acute illness, etc. It is requested that physicians utilize these sheets rather than recording History and Physical findings on Medical Order Sheet.

Medical History Sheets are to be left in the chart until culled out by Ward Physician.

SAMPLE:

7-10-58 Elevated temp. Noted to have croupy cough. Pharynx mildly infected. Mucopurulent nasal discharge. Ears negative. Chest clear to P.E.A. Abdomen negative.

O.D.

8-11-58 2100 Persistent seizures over past half hour. Temp. normal. Given Sodium Amytal gr. 3 3/4 I.V. with prompt remission of spasm. Chest clear.

VISITING WARDS, SHOPS AND OFFICES

RULE TO BE FOLLOWED

1.0 All visitors and off-duty personnel must secure permission from the supervisor of the unit to be visited or from such other person as may be designated before visiting any wards, shops, offices or other units of the institution.

RETIREMENT - VOLUNTARY

1.0 Employees who are members of the State Employees' Retirement System may voluntarily retire from service if at least 55 years of age and have either

A. over $500.00 in accumulated contributions in the Retirement Fund

or

B. be entitled to be credited with 20 years of state service.

2.0 If you are eligible and wish to retire you should submit your Application for Retirement (available from the Personnel Office) approximately 60 days in advance of the date you wish your retirement to start. Under certain conditions a person may return to state employment from a voluntary retirement.

RETIREMENT - COMPULSORY

1.0 Any Sonoma State Hospital employee shall be retired on the first day of the calendar month next succeeding that in which he attains age 70.

A. If such employee wishes to resign and secure a cash refund of his retirement he should resign and separate before the last day of the month in which he attains age 70.

B. If an employee works through the last day of the month in which he attains age 70 he automatically is on retirement and is not entitled to a cash refund.

2.0 At any time prior to the payment of his first retirement allowance, a person whose retirement was compulsory may file with the State Employees' Retirement System a request for refund of his accumulated contributions as of the effective date of such retirement, in lieu of any other benefits payable under this part. Upon receipt of such request so filed, such contributions shall be paid to him forthwith and he shall not be entitled to any other benefits payable under this part.

RETIREMENT - DISABILITY

1.0 If an employee feels he is physically or mentally incapacitated to work he may apply for disability retirement by submitting an application for Retirement (available from the Personnel Office) to the State Employees' Retirement System.

A. Right of return to his former position is guaranteed an employee when State Employees' Retirement System indicates that the employee is no longer incapacitated to perform the duties of his former position.

B. This action is taken by the State Employees' Retirement System after an employee on disability retirement applies for reinstatement and satisfactorily passes a physical examination approved by the State Employees' Retirement System.

PERSONAL ILLNESS - cont.

8.0 WHEN A PERIOD OF TEMPORARY DISABILITY ENDS, the disability indemnity to the employee can no longer be supplemented by payments based on sick leave and vacation credits. Temporary disability ceases when the employee has been restored as far as the permanent nature of his disability will permit. The State Agency keeps informed as to the progress of the employee by getting information from the Compensation Insurance Fund.

FAMILY CARE - REASONS FOR WHICH SICK LEAVE CANNOT BE GRANTED

1.0 ABSENCE TO CARE FOR A MEMBER OF THE FAMILY WHO IS NOT ILL is not authorized as sick leave.

A. Absence for the sole purpose of supervising well children or to care for or prepare meals for such children while another member of the family is ill, resting, or is away from home, is not authorized for sick leave.

2.0 A MINOR ILLNESS OR INJURY OF A MEMBER OF THE FAMILY in which the ill person does not require the attendance or care of the employee is not an authorized reason for sick leave.

A. Indisposition because of the common cold, or other non-disabling illnesses are examples of instances when the ill person does not require the attendance and care of another person. Further items under section above as absences for which sick leave cannot be granted for personal illness are other examples of situations for which sick leave cannot be granted for family care.

3.0 ABSENCE TO ACCOMPANY ANOTHER MEMBER OF THE FAMILY, including children, for a routine doctor or dentist appointment is not an authorized reason for sick leave.

4.0 WHEN THE PRESENCE OF THE EMPLOYEE IS NOT REQUIRED in providing the necessary care for or attendance upon the ill member of the family, sick leave is not authorized. For example, sick leave is not authorized when another member of the household is present and capable of providing the care or attendance.

5.0 CARE OF ILL PERSONS NOT MEMBERS OF THE IMMEDIATE FAMILY is not an authorized reason for sick leave.

A. A person who rents a room in a boardinghouse, or private home, is not a member of the immediate family of the landlady or of other persons living in the same house.

B. A housekeeper, or other servant, is not a member of the immediate family.

6.0 WHILE ON VACATION the employee may find it necessary to devote a portion of his vacation to the care of, or attendance upon, an ill member of the family. Under such circumstances, the employee is already available. Sick leave is not authorized.

ABSENCE REQUEST FORM #634

AN ABSENCE REQUEST FORM #634 must be COMPLETED BY THE EMPLOYEE WHEN HE RETURNS TO WORK after sick leave absence.

PROCESSING A SICK LEAVE REQUEST (Form #634) -- In making your absence request, do NOT diagnose your illness. Only state where pain in located: See pages 9, 10, 11 for samples #1, #2, and #3.

1.0 SATISFACTORY EVIDENCE of a valid need for an absence on sick leave is required before any sick leave request may be approved. The burden of proof rests with the employee. In the absence of conflicting evidence, the following types of evidence may be accepted:

A. For absence of two days or less, a satisfactory explanation by the employee on Form 634 as to "Nature of Illness". In case of doubt, further evidence should be required.

B. For absences of more than two days, a written "Substantiation of need of Sick Leave Absence" is mandatory. If a physician was in attendance, his statement must be secured. Substantiation by a physician may be required for shorter absences.

2.0 FOR A SICK LEAVE CLAIM THAT IS FALSIFIED, the employee's pay should be docked. It should not be charged off as vacation or compensating time off.

A. A WRITTEN APPEAL may be presented by an employee to the State Personnel Board if the agency refuses to approve his sick leave request. The appeal must be presented within thirty days after the employee is notified of the disproval of his sick leave request. Upon good cause being shown, an additional thirty days in which to file the appeal can be allowed by the Personnel Board.

3.0 FOLLOWING CHILDBIRTH the mother may be granted sick leave if she is on leave of absence or vacation. The period of sick leave begins with the date of delivery and continues for as many working days as she is physically incapacitated for work as certified by her physician. Only sick leave accumulated prior to date of delivery may be used.

A. Such sick leave is to be paid to an employee on leave of absence only if she returns to and remains in State service. The department may postpone the sick leave payment until the employee has remained on the job a reasonable time after reinstatement to verify her return to work.

B. Submit Form #606--original and three copies to State Personnel Board.

C. If the employee is on vacation up to date of delivery, the sick leave request should be treated just as any other sick leave request. Sick leave is granted to the mother only for the time she is incapacitated.

SAMPLE: For attending Meeting of Educational Nature

STATE OF CALIFORNIA
FORM 634 REV. 5-56

ABSENCE REQUEST

ROUTING

1. Name (LAST NAME) (FIRST NAME) (INITIAL)

2. Department

3. Position Code

4. Position Title

5. Unit of Department

6. ABSENCE WITH PAY (Check only one)

SICK LEAVE
☐ SELF FAMILY ☐ ILLNESS ☐ DEATH
Date of Death

☐ VACATION
☐ JURY DUTY
☐ INDUSTRIAL INJURY
☐ TEMPORARY MILITARY DUTY
For _____ calendar days
☒ Other: Professional Institute, etc.

7. ABSENCE WITHOUT PAY
☐ 15 WORKING DAYS OR LESS
Check here ☐ if the absence without pay is while you are serving a probationary period.

8. DATES OF ABSENCE
From _____ through _____, inclusive
Assigned days off, if any, within period of the absence _____

9. LENGTH OF THE ABSENCE
Number of Working days _____

NOTE: Educational Meetings such as:
CSEA: California State Employees' Association
CSEU: " " " Union
CSPT: " Society of Psychiatric Techs.
CSNA: " State Nurses' Association
CLN: " League of Nursing
or other institutes

10a. NATURE OF ILLNESS OR REASON FOR ABSENCE
Check One and Substantiate Fully:
☐ Hospitalized
☐ Confined to bed at home
☐ Other

10b. If absent because of illness of self or family, was a physician in attendance? ☐ Yes ☐ No

11. CERTIFICATE BY EMPLOYEE
To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

EMPLOYEE'S SIGNATURE _____ Date _____

SUBSTANTIATION OF NEED FOR SICK LEAVE ABSENCE

Substantiation by the physician or supervisor is required for an absence of more than two days. It may be required for any absence.

12. The above-named person was physically disabled from _____ to _____, inclusive.
As Physician, *(Check One)*
☐ I prescribed for this patient on the following dates _____
☐ I examined and treated this patient on the following dates _____
The illness or injury causing the disability was _____

Estimated length of this disability or illness _____

SIGNATURE OF ATTENDING PHYSICIAN _____

13. As Supervisor, I secured the following verification:
a. ☐ Confirmation given by
b. ☐ Home visit made by
c. ☐ Other (describe)

SIGNATURE OF SUPERVISOR _____

14. RECOMMENDATION OF IMMEDIATE SUPERVISOR
☐ Approval recommended ☐ Approval NOT recommended

(Signature) _____ Date _____

☐ *If occupational illness or injury, Form 67, Employer's Report of Industrial Injury, has been submitted.*

15. PERIOD ON DISABILITY COMPENSATION, IF ANY
From _____ to _____, inclusive

16. Number of days of sick leave or vacation supplementing disability compensation
Sick leave _____ Vacation _____

17. OFFICIAL DEPARTMENTAL ACTION and RECORD
☐ APPROVED _____ Attendance Report Posted
☐ DISAPPROVED _____ Employee Roster Posted

SICK LEAVE BENEFITS ARE AN INVESTMENT IN SECURITY

PROTECT YOUR INVESTMENT—BUILD YOUR BALANCE

INFORMATION

1. **NUMBER OF COPIES**—Follow instructions issued by your department. Employees who wish to keep a copy should prepare a duplicate and have it signed by the supervisor.

2. **AMOUNTS OF TIME**—Sick leave and vacation may be used only in amounts of ¼, ½, ¾, or a full day. (Several hours of absence, such as for doctor's appointments, during the same month may be itemized on one Form 634 at the end of the month.) If more than ¼ day is needed for a doctor's appointment, the reason is stated in Item 10a.

3. **REASONS**—The need for the absence must be explained for all absences other than annual vacation. Reasons for using vacation credit in amounts of less than five days may be required by the supervisor.

4. **EMPLOYEE'S RESPONSIBILITIES**—The employee has a responsibility not to be absent from work unnecessarily. When the need for an absence can be anticipated, he is expected to present this written request for advance authorization. When an unanticipated emergency causes the absence, the employee is responsible for having his supervisor notified promptly and for keeping the supervisor informed as to the probable date of his return. Upon return from an unanticipated absence, the employee is required to present this written report to account for the absence.

5. **SUPERVISOR'S RESPONSIBILITIES**—Each supervisor is responsible for seeing that he and his employees comply with the regulations governing absence from work. He is expected to recommend against approval of sick leave absences for which satisfactory evidence as to need is not presented. He should not authorize any unnecessary absence that will interfere with departmental work. For occupational illness or injury arising out of or during the course of State employment, Form 67, Employer's Report of Industrial Injury, must be submitted in duplicate through departmental channels to the State Compensation Insurance Fund.

6. **SICK LEAVE**—Sick leave is provided to protect the employee from a loss of income when he is physically incapacitated from work. After completing six months of service, an employee is granted one day of sick leave credit for **each complete month** of his service. There is no maximum on the amount of sick leave credit an employee can accumulate. A person is seldom physically incapacitated from work so often that he has to use all of his sick leave credits. A state employee usually can build a fund of sick leave credits sufficient to assure that his full salary will be continued even when he has a prolonged illness. Payment of salary as a charge against sick leave credits is authorized only when satisfactory proof of the necessity for the absence is provided by the employee. A necessary absence to care for a member of the family who is **seriously** ill may be taken as sick leave. Not more than five days a year is granted for family care. Absence to care for members of the family who are not seriously ill cannot be charged against sick leave.

7. **VACATION**—An absence can be charged against vacation credits only when approved by the appointing power. After completing six months of service, an employee is granted 1¼* days of vacation credit for **each complete month** of continuous service. The annual vacation is intended to provide a substantial period for rest and relaxation each year. The time at which vacation shall be taken may be specified to suit the convenience of the department. Vacation cannot be taken as an absolute right unless the appointing power does not provide a vacation for the employee for two successive years. Thirty days of accumulated vacation in addition to the vacation for the current year is the maximum accumulation permitted. *(After 25 years of service employee is granted 1⅔ days of vacation credit per month)

8. **TEMPORARY MILITARY DUTY**—Payment of salary is continued only during absences for short periods of ordered military duty up to a maximum of thirty calendar days in a fiscal year. A copy of the order must be attached to the request. When an employee has to be taken off the payroll for more than 15 working days while on military duty, a Leave of Absence (Form 605) is granted for the period the employee is off the payroll.

9. **JURY DUTY**—The full salary of an employee who is absent to do jury duty is paid only if the employee reimburses the State by the amount he is paid for doing the jury duty.

10. **ABSENCE WITHOUT PAY**—Absences without pay for fifteen working days or less are not considered a break in service. Absence without approval for five consecutive working days is an automatic resignation. If an absence other than sick leave is not requested and approved in advance, it is recorded as absence without leave (AWOL) and disciplinary action may be taken.

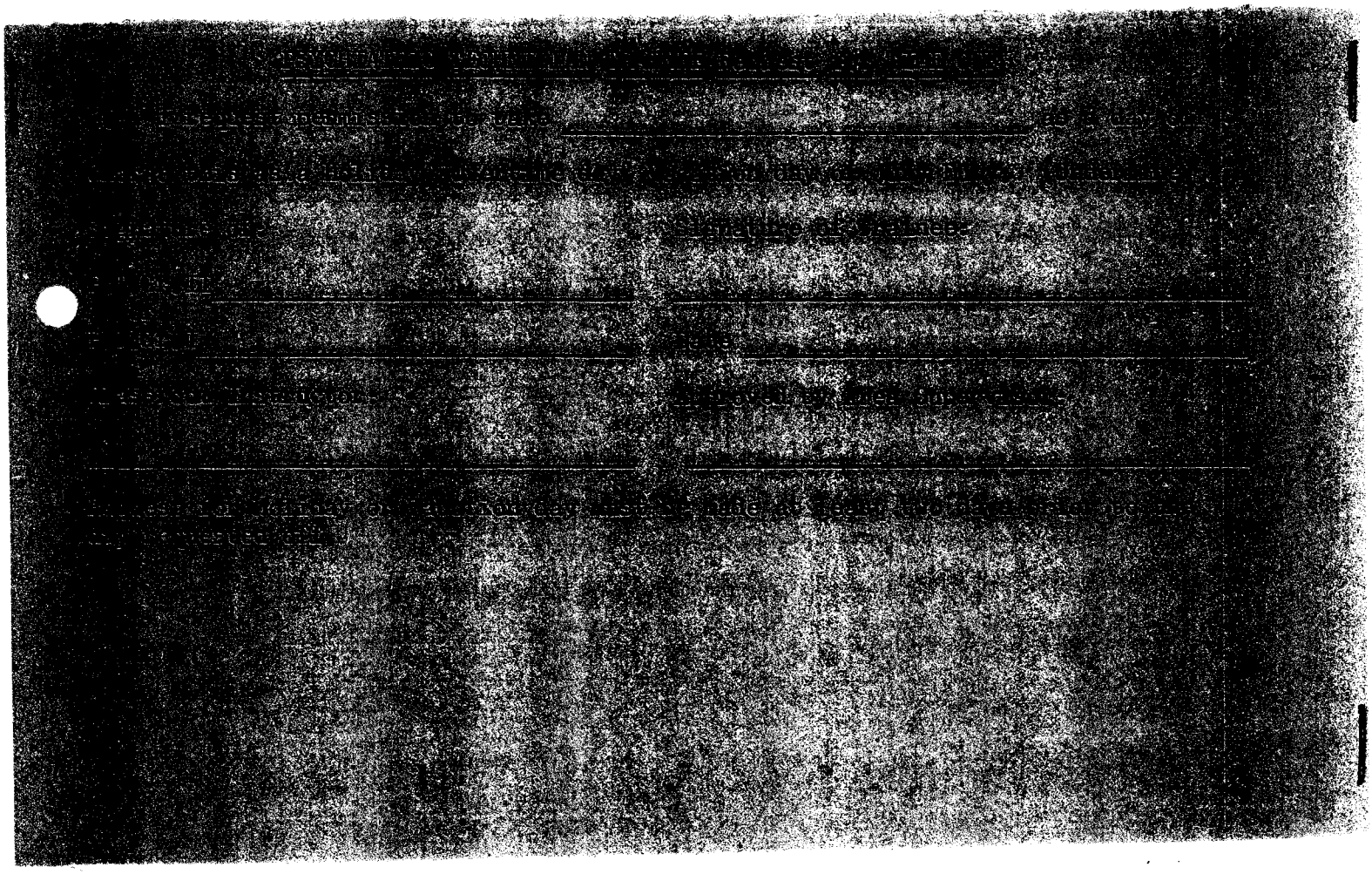
11. **OTHER ABSENCES**—State agencies are permitted, but not required, to use this form in authorizing absences for State of California civil service examinations, training conferences, etc. Authorization of time to take a State civil service examination need not be granted if the request is not presented two days or more before the examination.

Employees' **IDEAS** that save the State money are paid for in Cash. Send your money-saving **IDEAS** to:
Secretary, MERIT AWARD BOARD, Room 5016 State Capitol, Sacramento 14, California.

REGULATIONS FOR P.T.T. EMERGENCY TIME OFF

1.0 Psychiatric Technician Trainees should not request time off on days that they are scheduled to attend classes.

2.0 Should an emergency arise where it is imperative to have time off -- the P.T.T. should clear with his/her Instructor by filling out the form below.



ATTENDANCE

A good attendance can be achieved by:

1.0 Being at work at assigned time each day and staying for the full prescribed work day.

1.1 By making arrangements for time off as far in advance as possible.

This can be of great value to you in several ways:

2.0 When promotional assignment is considered -- attendance records are reviewed.

3.0 When efficiency ratings are made out -- your attendance record has a bearing on these.

4.0 When a change of assignment is being considered -- the employee with a good attendance record may have a more favorable chance.

5.0 A good attendance record helps to improve each employee's status with their fellow employees.

6.0 DISCIPLINARY ACTION will be taken if scheduled shift hours are not adhered to.

EMPLOYEE ATTENDANCE REPORT

Ward:_____ Shift:_____ Week Of: _____

Employee	No.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NOTE: It is the responsibility of each employee on duty to sign this report in his own hand-writing								
in the ON DUTY column. If the employee fails to sign, his check will be held until the Area								
Supervisor or the Ward Charge verifies in writing that the individual is on duty.								
The Mr. Psych. Tech. Sr. II or Acting Charge will be responsible for writing OFF DUTY the								
names of employees not on duty and checking the reason.								
If regularly assigned ward personnel are relieving on another ward - state so in the column.								
Employees should sign in on both their regularly assigned ward and on the ward on which they								
work relief.								

I certify that this Report correctly reflects the attendance (as shown by the employees' signatures) and absences of all employees working in this Unit.

Reviewed By:_____

Per/2

UNIFORMS AND GENERAL APPEARANCE

All personnel are to conform to our Uniform policy.
All personnel should attempt to appear as neat and professional as possible, at all times.

WOMEN'S UNIFORM

1.0 Uniforms will be white and of approved material and style - no seersucker, jersey, puckered or sheer material, no quilted, fad, embroidered or lace accents.

1.1 Uniforms should have either short or 3/4 sleeves. Uniforms will please be worn at least 2 inches below the knee.

1.2 A professional uniform is one that is simple of style, of approved material, neat clean and offers enough ease of motion to comfortably care for patients.

1.3 Glamour should be reserved for off-duty hours.

2.0 Sweaters may be of any color as long as they are clean and neat.

3.0 Shoes must be white oxford or oxford type, with elastic insert and closed heel and toe. Shoes are to be kept clean at all times.

4.0 Hose are to be white and worn above the knee.

5.0 Technician cap is the Julian Kay Cap #918. Cap is to be kept clean. Caps are not to be worn off hospital grounds.

6.0 Hair is to be kept short or worn in a net so it does not touch the uniform collar. No flowers or ornaments may be worn in the hair.

6.1 Employees working in kitchen and dining areas are required by law to wear hair nets.

7.0 Jewelry is not allowed except for wedding, engagement or class rings, wrist watches and very small earrings.

7.1 No decoration of any type is to be worn on the cap.

7.2 Name pins, class pins, Association pins may be worn on the uniform.

8.0 Fingernails are to be worn short. Nail polish must be light color. Cracked nail polish harbors germs and is therefore a health hazard.

9.0 Make-up should be kept at a minimum to conform to professional appearance.

10.0 White shadow proof slips are to be worn with uniforms.

UNIFORMS AND GENERAL APPEARANCE

All personnel are to conform to our Uniform policy.
All personnel should attempt to appear as neat and professional as possible, at all times.

MEN'S UNIFORM

1.0 White regulation cotton coat.

2.0 White regulation cotton trousers - no navy or peg type.

3.0 White shirt.

4.0 Black tie - bow or four-in-hand.

5.0 Shoes may be black, brown or white of a type that may be polished. No boots of any type are acceptable unless ordered on a special prescription of your doctor and agreed to by Dr. Nelson.

6.0 Hair must be kept cut and neat; no long sideburns.

7.0 If a mustache is worn, it must be very small and close cut. Mustaches are unsanitary in a hospital of this type. No beards of any type will be permitted.

8.0 Complete uniform is required at all times when male employees are off their ward units. Complete uniform consists of regulation white coat, regulation trousers, white shirt and black tie.

9.0 Summer uniform will consist of short sleeved sports shirts of approved material - no sheers, no crinkle crepe, etc. If long sleeved shirts are worn the sleeve is not to be worn partially rolled up. No tie is required for summer. Shirts are to be worn inside the trousers.

10.0 The dates for summer and winter uniforms will be set by the Superintendent of Nursing Services.

11.0 Male nurses may wear the regulation male nurses shirt, but are required to wear the regulation white coat when off the working ward unit.

12.0 Fingernails are to be worn short and kept clean.

KEY REGULATIONS

1.0 Each Nursing Service employee will be issued a ward key and key ring. It is to remain in the employee's possession for the duration of his/her employment. If this key is lost, or if the employee fails to return it to Central Nursing Office upon termination of employment, a replacement assessment of $1.00 will be charged.

2.0 Certain facilities on the wards are locked. If a hospital employee responsible for these keys permits them to come into the possession of an unsupervised patient or other unauthorized person, he/she will be subject to disciplinary action.

3.0 The loss of any key is to be immediately reported to the employee's supervisor.

4.0 Unless officially authorized, hospital keys are not to be duplicated.

NAME PINS

1.0 Name pins are worn by most of the Nursing Personnel for the means of better identification. Psychiatric Technician Trainees are required to wear name pins with colored ribbon, which indicates subject matter completed in class, i.e.:

A. Green: No class work complete.
Trainee may assist in general care of patient, ward housekeeping, T.P.R., and enema after completing these classes with evening supervisor.

B. Red: General nursing and First Aid completed.
Trainee may now carry out nursing care of patients following all procedures in Nursing Procedure Book.

C. Gold: All class work completed.
Trainee should now be able to carry out any assignment under supervision.

SICK LEAVE

1.0 If an employee is ill and has used up all sick leave, holiday time, compensating time off credit, vacation days may be granted rather than marking the employee absent.

2.0 If an employee finds it necessary to use holidays, compensating time off or vacation because his sick leave has been exhausted he should secure the signature and appropriate explanation from his attending physician substantiating that his leave was due to illness. The employee can then qualify for sick leave pay exclusion when filing his Federal Income Tax. Please refer to that paragraph pertaining to Sick Leave Exclusion for information as to requirements to qualify.

A. Form 634 must still be signed immediately upon return to duty.

3.0 When an employee asks for a vacation day or holiday which cannot be granted because of shortage of help, and on the requested day calls in sick -- vacation or holiday cannot be used to cover such absence. In such cases the signature of an attending physician will be mandatory and the Supervisor's signature substantiating the absence will not be accepted. If an employee is absent under the foregoing circumstances and cannot furnish verification of illness by a doctor, he or she will be docked.

REGULATIONS

4.0 AFTER SIX (6) CONTINUOUS MONTHS OF SERVICE...an employee is eligible to receive sick credit.

A. A change of position or status...WITHOUT A BREAK IN SERVICE...during the six-month period does not affect the employee's eligibility for sick leave credit.

B. Service before and after a leave of absence, layoff, or suspension is added together in meeting the requirement for six (6) continuous months of service.

C. While absent on DISABILITY COMPENSATION...an employee continues to earn sick leave and vacation credit...he DOES NOT EARN HOLIDAYS.

1. However...an employee may use the sick leave and vacation credits earned while on compensation status...ONLY AFTER he has returned to duty.

2. The employee may draw on that sick leave, vacation and holiday credits accrued and due him/her PRIOR TO THE DATE HE OR SHE GOES ON COMPENSATION STATUS...for supplementary sick leave pay adjustment.

5.0 A person re-employed after resignation, rejection as a probationer, or dismissal does not retain the sick leave credit he had accumulated before separation IF HIS CONTINUITY OF SERVICE IS BROKEN FOR SIX (6) MONTHS OR LONGER.

A. If re-employed within LESS THAN SIX MONTHS...the employee's sick leave credit from prior service is restored. HE IS NOT REQUIRED TO SERVE ANOTHER SIX-MONTH PERIOD BEFORE BEING ELIGIBLE TO TAKE SICK LEAVE.

REGULATIONS - cont.

6.0 Time before and after Resignation...Dismissal...Rejection during Probation ...Termination of Temporary Appointment...Termination of limited-term appointment...is NOT ADDED together in meeting the requirement of six (6) continuous months of service IF THERE IS ANY BREAK IN THE CONTINUITY OF SERVICE.

A. Time under temporary authorization...or limited term certification is counted ONLY when the employee has CONTINUOUS SERVICE FOR LONGER THAN SIX MONTHS.

7.0 A FULL TIME EMPLOYEE is one who works a full-time week. On the DAY AFTER HE COMPLETES SIX (6) CONTINUOUS MONTHS OF SERVICE...he is credited with six (6) days of sick leave.

A. Thereafter...for each additional CALENDAR MONTH OF SERVICE...he is credited with one day of sick leave...on the first day of the FOLLOWING MONTH.

8.0 Sick leave is earned only up to the date of separation. No credit is allowed for time covered by a lump-sum payment.

A. No credit is allowed to any employee who is separated BEFORE the LAST WORKING DAY OF THE MONTH.

9.0 AN ABSENCE WITHOUT PAY FOR 10 CONTINUOUS WORKING DAYS or less is not a break in service...if the employee is returned to the payroll.

A. The employee continues to earn sick leave credit during such an absence...even though the absence was not authorized...or was a punitive action.

B. If the absence is OVER 10 CONTINUOUS WORKING DAYS...and EXTENDS FROM ONE MONTH INTO ANOTHER...NO SICK LEAVE CREDIT IS EARNED FOR EITHER MONTH.

(This rule--9.0-A,B--also pertains to a person who has already completed his probationary period.)

AUTHORIZED USE OF SICK LEAVE CREDITS

10.0 A personal illness or injury that physically incapacitates an employee from performing his regular duties is an authorized reason for a sick leave absence.

A. Extreme emotional upset that physically incapacitates the employee from working can be a reason for sick leave. Prolonged or frequent absence for this reason is not approved without a doctor's certificate.

B. When an employee is exposed to a contagious disease and is absent from work to prevent spreading the disease to other employees...sick leave is authorized.

AUTHORIZED USE OF SICK LEAVE CREDITS - cont.

11.0 Time off for doctor or dentist appointment may be taken as sick leave if the appointment is necessary because of illness...injury...or for dental care.

A. Other than under unusual circumstances, not more than one-quarter of a day (2 hours) of sick leave is authorized for each such appointment.

12.0 Ten days is the normal maximum allowable sick leave following childbirth. The same applies to illness as a result of a mis-carriage. Any additional time should be taken either on vacation or leave of absence. As a matter of good health practice, it is suggested that an expectant mother should not continue her employment past the end of the seventh calendar month of her pregnancy.

13.0 Sick leave while on vacation is authorized when the employee is physically incapacitated and unable to continue his vacation activity.

14.0 Days on which the employee is confined TO A HOSPITAL or a RESIDENCE because of a major illness or injury are usually the ONLY DAYS ON WHICH A USE OF SICK LEAVE MAY BE JUSTIFIED.

15.0 While absent on a temporary disability status under the Workmen's Compensation Act, an employee may draw on sick leave credits to supplement his temporary disability indemnity. He may do so only to the extent necessary to provide him the equivalent of his full salary. If he exhausts his sick leave credits...he may draw on vacation credits.

16.0 A part-time or intermittent employee may be absent on sick leave ONLY on the days when he would have been required to work had he been physically able.

FAMILY CARE or DEATH IN FAMILY

1.0 Death of a member of the IMMEDIATE family is an authorized reason for a sick leave absence.

1.1 Not over five (5) days of sick leave may be taken for EACH such absence.

1.2 An absence to care for a member of the IMMEDIATE family who is ill or injured, and who requires the care or attendance OF THE EMPLOYEE is authorized as sick leave.

1.3 Not more than five (5) days IN A CALENDAR YEAR may be taken for this reason. The employee is expected to make suitable arrangements as soon as reasonably practical so that he may return to work.

2.0 MEMBER OF IMMEDIATE FAMILY: Any person LIVING IN THE IMMEDIATE HOUSEHOLD of the employee...as well as the mother, father, husband, wife, son, daughter, brother, or sister is considered a member of the immediate family.

2.1 A person who rents a room in a boardinghouse, or private home, is not a member of the immediate family of the landlady...or of other persons living in the same house.

2.2 A housekeeper, or other servant, is not a member of the immediate family.

FAMILY CARE - cont.

The following standards will govern the granting of sick leave for family care:

3.0 When the presence of the employee is not required in providing the necessary care for or attendance upon the ill member of the family...sick leave IS NOT AUTHORIZED.

A. For example, sick leave is not authorized when another member of the household is present and capable of providing the care or attendance.

4.0 Providing home care for ill member of the immediate family who resides in the same household--the test to be applied in each instance is this.

A. If the employee were not providing care or attendance for the ill member of the family, another person would have to provide such care or attendance.

B. To give medication...or to prepare meals for the ill person.

C. To make necessary observations of the ill person to determine changes in symptoms, as requested by the physician. To communicate with the physician concerning the care and treatment of the ill person.

D. When the presence of the employee is considered advisable by the physician during a critical illness or injury of a member of the family.

4.1 If this test can not be satisfactorily met...sick leave cannot be authorized for family care or attendance for this reason. The employee's absence from work MUST BE REQUIRED for ONE or ALL of the above reasons.

PROVIDING HOME CARE FOR ILL MEMBERS OF THE IMMEDIATE FAMILY RESIDING IN A DIFFERENT HOUSEHOLD.

5.0 When an ill member of the immediate family resides in a different household than that of the employee...sick leave for family care will be granted ONLY...if there is no other person residing with the ill member of the immediate family...who is available and capable of providing care and attendance.

A. In addition...such sick leave can be granted ONLY if ALL of the standards listed in 4.0-A,B,C,D, above are met.

HOSPITALIZATION OF MEMBER OF IMMEDIATE FAMILY

6.0 One (1) day's absence on sick leave may be authorized for the employee to be at the hospital on the day of the operation, on the day of the birth of his child, or in the event of critical illness of the member of the immediate family.

A. Absences for these purposes of more than one (1) day may be authorized on sick leave ONLY IF A DOCTOR PROVIDES A WRITTEN STATEMENT THAT THE EMPLOYEE'S PRESENCE AT THE HOSPITAL WAS REQUIRED.

REHABILITATION THERAPY

REHAB. is basically any purposeful activity that modifies or changes behavior. REHAB. is the treatment of the patient through activity.

1.0 Under the general direction of the Assistant Superintendent of Medical Services, the Supervisor of Rehab. Services directs and is responsible for the operations of the department as a member of the hospital's treatment plan.

A. The services in the department are available to every patient in the hospital.

B. The primary goal is to provide activity that will enable and assist the patient in leaving the hospital.

C. The secondary goal is to provide activity that will prevent deterioration and regression.

D. The implementation of the two goals may be through therapists, volunteers, ward personnel, in cooperation with the ward team.

SCOPE: The Rehab. Service Department will help maintain, through activity, what is normal in the patient, provide meaningful experiences that will contribute to personality development and help the patient adjust to new experiences that will aid in his progress as an individual whether in the community or hospital.

Music, recreation, craft, industrial arts and bibliotherapy services through the media of therapists, volunteers and ward personnel are offered to achieve these goals.

For further information on Rehabilitation activities please refer to Ward Reference Manual.

SOCIAL SERVICE

1.0 Social Service is the patients' contact between the institution and the Community.

A. Social Service gathers information concerning the specific problem in the home or the community which leads to the patients' admission.

2.0 The Senior and Junior workers are assigned to special areas of service within the hospital and are part of a Ward Team working to solve some of the patients' problems.

3.0 It is the policy of this hospital to discourage employees taking a patient home for a visit unless there has first been discussion of and the approval of this arrangement with either the ward team or the ward Social Worker.

A. In no event is a male employee permitted to take a female patient for any type of visit.

4.0 Further Social Service policies will be found in the Ward Reference Manual.

SUPPLEMENTAL RULES -- FOOD SERVICE

FOOD ADMINISTRATOR

1.0 The Food Administrator II is responsible for coordination of food preparation throughout the hospital. The integration of Food Services into the total treatment program is one of the prime objectives of this department.

STATE BOARD OF CONTROL RULE #713-b

2.0 "All officers and employees of the State shall pay for meals received at State Institutions."

A. Employees may bring their own lunches, or may eat at the cafeteria, or canteen, or at home, if time allows. The employees' cafeteria is the only authorized place where employees may "receive meals at a State institution".

MEALS FOR EMPLOYEES

3.0 State Board of Control Rule #713-e:

A. "The sum of 70 cents per single meal shall be charged all persons required to pay for meals at State agencies; provided, however, that coupons or tickets good for 30 meals may be sold to an employee of a state agency or to an employee of any governmental agency, federal, state, or local, who is regularly stationed at the state agency selling such coupons or tickets, at the following rates:

B.	Under 3 years of age	No charge
C.	3 years through 9 years	$7.00 per book of 30
D.	10 years through 15 years	$10.50 per book of 30
E.	16 years and over	$15.00 per book of 30

F. At present, employees may purchase employee meal tickets at a cost of 50 cents or $15.00 per book of 30 tickets.

G. Employees who reside on the grounds may utilize the institutional dining room for their wives or members of their families at the rates indicated above. Employees who reside off the grounds are eligible to utilize a regular employee meal ticket; however, if they wish to bring members of their family or guests to the dining room it will be necessary for them to purchase a regular 70 cent guest meal ticket.

OBTAINING MEAL TICKETS

4.0 Regular employee meal tickets (yellow) - may be obtained from the cashier at the Accounting Office only.

A. Guest Meal Tickets - 70 cents: May be obtained from the cashier at the Accounting Office during regular hours of business (8:00 a.m. to 12:00 m. and 12:30 p.m. to 4:30 p.m.) Monday through Friday. Single guest tickets may be obtained at the Telephone Office after regular business hours. Guest meal tickets for luncheon groups or banquets may be obtained at the Accounting Office only, substantially in advance of the scheduled date for the luncheon or banquet.

TRAFFIC REGULATIONS

Please cooperate by observing the following

RIGHT OF WAY

1.0 Patient will always have right of way on State Grounds

PARKING

2.0 Park on right side of street, headed in right direction.

A. Be observant of parking lines in front of Administration Building

B. No parking on or near corners or near fire hydrants, red zones, service entrances or loading zones.

SPEED

3.0 The maximum speed limit of any vehicle on the grounds will be 20 miles per hour.

STOP SIGNS

4.0 An Arterial STOP sign implies a COMPLETE stop before crossing intersection.

CITATIONS

5.0 Speeding, illegal parking, failure to STOP or other violations will rate a citation, which is made in duplicate. This is termed a COURTESY citation. After consistant violations the employee may lose the privilege of bringing his/her car on State Grounds.

EQUIPMENT TO MAINTENANCE

1.0 Equipment sent to maintenance must be accompanied by a work order approved by the Area Supervisor.

1.1 Shipping tag , which may be ordered from the Commissary, containing the following information must be securely attached to each item being sent in for repair.

A. The ward name and number

B. The name of article (table, chair, etc.)

C. The property or serial number

2.0 If more than three or four items are being sent to be repaired at one time, maintenance must be contacted and permission received to send articles.

2.1 Arrangements must be made through maintenance for transportation of the items.

2.2 A book should be kept on the ward which is to contain a record of all equipment sent to the maintenance department. Enter:

A. The article by name

B. The property number

C. The date sent

D. The type of maintenance needed - (broken leg, loose back, paint needed, etc.)

3.0 Enter in Ward Log Book any article sent off for repair.

4.0 When the item is received on the ward, the date it is returned is to be entered in the books.

4.1 If equipment is not returned from maintenance in a reasonable time (from about 15 to 30 days), you should contact the maintenance department and request the status of the item.

A. If unable to get satisfactory information, you should contact your Area Supervisor.

4.2 When any item is received from maintenance it should be checked at once to see if it belongs on your ward or was delivered there by mistake.

A. If delivered by mistake, the ward or department to which it belongs may be located by calling the Property Office or by a memo to them, giving the property number. The correct location may be found by this office in a few minutes.

4.3 DON'T KEEP A PIECE OF EQUIPMENT THAT DOESN'T BELONG TO YOU--YOUR FELLOW WORKER NEEDS IT ON HIS WARD AND IS RESPONSIBLE FOR HIS INVENTORY!!!

EQUIPMENT TRANSFERS

5.0 Transfer of equipment is only by authority of your Area Supervisor and person designated in Nursing Service staff.

A. All requests for transfer must be in writing, approved and sent to Property Clerk before transferring.

B. A copy of the transfer will be sent to the ward the equipment is transferred from and a copy to the ward it is transferred to.

C. This copy of the transfer should be put with the current inventory of your department and kept on file until the next inventory when it may be destroyed.

5.1 If you receive a transfer and not the equipment, notify your Area Supervisor at once.

A. The request for transfer should always include the property number.

SURVEY OF DISCARDED EQUIPMENT

6.0 If equipment is discarded by maintenance or any other department, the ward will be notified.

A. If the equipment is missing for some time, the ward should check to see if it was discarded.

B. If equipment was discarded, a notice is to be sent, IN WRITING, through the Area Supervisor to the Property Office.

6.1 The Property Office will then survey (remove from accountability) or transfer off your records.

A. If the item was surveyed you will receive a memo stating it has been surveyed (copy of memo will also be sent to Property Office).

B. This memo must be filed with your current inventory and stay with it until the next inventory period.

C. The Technician II is responsible for keeping the inventory records on the wards as complete as possible.

SALVAGE POLICY

1.0 Supplies and equipment items such as furniture and appliances becoming surplus (surplus includes surveyed items) to the needs of this hospital are disposable through four methods, all governed by State Rules and Regulations and established policy.

1.1 In order in which they must be used, these four methods are:

A. Disposal to another State Agency.

B. Disposal to a contractor holding the current contract for the purchase of such items.

C. Disposal to the public by means of sealed bids.

D. Disposal to the scrap yard (useable parts to maintenance).

2.0 Department heads are requested to notify the Business Office of items becoming surplus.

A. They will be reviewed and disposition recommended.

B. On approval of the Assistant Superintendent, Business Services, action will be taken for disposal.

3.0 If disposition is made to the public, notices will be posted in appropriate places.

3.1 Employees are requested to wait until surplus items are advertised and not to seek advance information from Business Services.

A. Employees will receive early advice on all surplus materials available to the public.

3.2 The sale of such surplus items to the public must be properly conducted to avoid the possibility of criticism that the hospital is favoring employees only.

4.0 A survey will soon be made of our Salvage Yard and other appropriate areas following which disposition will be determined on any surplus materials available.

4.1 Everyone will be notified by posted announcement of all future requests to bid on surplus items.

INDUSTRIAL SHOP - MAINTENANCE POLICY

1.0 The Industrial Shop includes the Mattress Maker-Upholsterer and Seamer positions. Following are two lists showing the general responsibilities of each of these positions.

MATTRESS MAKER-UPHOLSTERER

1.1 Manufacture and repair of mattresses.

1.2 Manufacture and repair of pillows.

1.3 Furniture fabric replacement and general repairs.

1.4 Manufacture of drapes.

1.5 Repair of beds and cribs.

1.6 Manufacture and repair of tarpaulin type coverings and awnings.

1.7 Install and/or repair of curtain rods and venetian blinds.

1.8 Repair and re-upholstering of truck and car seats.

1.9 Manufacture and repair of miscellaneous small items.

SEAMER

2.0 Manufacture and repair of heavy clothing, camisoles and other restraint materials.

2.1 Manufacture and repair of heavy cloth items.

PROCEDURES

3.0 The procedure to secure any of the above services of either Industrial Shop employee is:

A. All requests for service will be indicated on an Industrial Shop Work Order made out in triplicate.

B. Industrial Shop Work requests will be submitted to the Business Office for approval before being sent to the Industrial Shop.

C. No work will be performed unless the request is submitted properly, on the appropriate form.

4.0 If the request cannot be acted upon within a reasonable length of time all copies of the order will be returned to the sender with reasons noted for either the disapproval or temporary delay. If the request is approved, one copy will be returned to the originator indicating approval.

SUBMIT IN TRIPLICATE

DATE_____

NO._____

INDUSTRIAL SHOP WORK REQUEST

NORMAL ( ) URGENT ( ) EMERGENCY ( )

TO: HOSPITAL INDUSTRIES SUPERVISOR

FROM:_____

WORK REQUIRED IN DETAIL:_____

_____

_____

_____

_____

REQUESTED BY:_____

APPROVED BY:_____

APPROVED:_____
Hospital Industries Supv.

DISAPPROVED:_____

_____

_____

COMPLETION DATE:_____

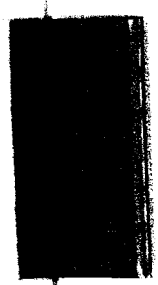
LIST PROPERTY NUMBER OF FURNITURE OR EQUIPMENT SENT FOR REPAIR.

COMMENTS:_____

_____

_____

WORK RECEIVED IN SHOP:_____



OPERATING PROCEDURES GOVERNING UNAUTHORIZED ABSENCES

1.0 The following procedures governing escapes are published for the information of all concerned. For guidance, we are listing in order of priority the steps to be taken.

A. When it has been determined that a patient is missing, ward personnel will notify the switchboard operator. The switchboard operator will notify the Security Office at once. In the event there is no one on duty within the Security Office, the red light on top of the Administration Building will be turned on to call the Security Officer. In the meantime, personnel on the ward should search the immediate vicinity of the ward to be sure that the patient is not somewhere close by.

B. The switchboard operator is to notify the Nursing Service Office.

C. The Security Office will be responsible for the compilation of all information and the proper notification of persons and agencies concerned. In the event of an emergency, the policy group will be notified. Under all circumstances, the Medical O.D. must be notified.

D. The Security Office is to notify all law enforcement agencies in Sonoma County and request the Sheriff's Office to send an all-car broadcast and Statewide teletype, when situation or type of patient indicates that such action is necessary.

E. The Security Office will initially investigate the immediate area surrounding the hospital and general grounds.

F. Car patrols and all persons engaged in the search will be under the direction of the Security Officer or his alternate.

G. All officers engaged in the search will check in with the Security Office for instructions, prior to commencing search.

H. The officer on duty in the Security Office will handle all incoming calls pertaining to an unauthorized absence. Until notified of apprehension, the switchboard operator will place all such calls through the Security Office.

I. The patrol car will work with the officers of outside agencies throughout the investigation. All additional cars to work as directed by the Security Office until released.

APPREHENSION

2.0 All those who are being returned from unauthorized absence will be brought to the institution by the first available transportation. If uninjured, the patient will be taken to the Security Office for interrogation before any other stops are made. If injured, they are to be taken immediately to the hospital for medical aid.

POLICE POWERS AND FUNCTIONS OF THE SECURITY UNIT

1.0 Recently the Director of the Department of Mental Hygiene requested the Attorney General of the State of California to clarify the authority of the Business Managers of the State Hospitals with respect to authority to regulate

A. Vehicular traffic

B. General police regulations

C. Permission to enter the grounds and inspection of vehicles

The sections noted below represent the conclusions of the Attorney General:

2.0 "State hospitals are authorized to regulate vehicular traffic upon their grounds with respect to speed, place of parking, and type of vehicle permitted to enter."

3.0 "Hospital regulations with respect to vehicular traffic may be established under Vehicle Code section #603, and enforced under Welfare and Institutions Code sections #6562 and #6563 by the Business Manager of the institution, those employees designated by him as police officers and by officers of the regularly constituted police authority having jurisdiction of the area."

4.0 "Permission to enter the grounds of a State hospital may be given on condition that an inspection of the person or vehicle may be required to determine whether or not articles detrimental to the welfare of patients are being taken into the institution (alcoholic beverages and/or weapons) or State property is being removed. Proper notice of this regulation being given, search may be made by police officers of the institution where they have reason to believe there is a violation of the regulations or a public offense is being committed."

5.0 Your attention is also invited to section #6562, California State Welfare and Institutions Code, which designates the Business Manager as principal peace officer for the institution and places the responsibility for appropriate regulations to insure compliance with this section.

6.0 "The Business Manager may, with the sanction of the Superintendent, establish rules and regulations, not inconsistent with law, for the government of the hospital buildings and grounds. The Business Manager shall preserve the peace thereon and arrest or cause the arrest and appearance before the nearest magistrate for examination, of all persons who attempt to commit or have committed a public offense thereon."

7.0 "Any person who knowingly or wilfully violates the aforementioned rules and regulations may, upon order of the superintendent or business manager, be ejected from the buildings and premises of the hospital."

8.0 The Welfare and Institution Code also specifies under Section #6563 the function of a police or security force and directly places the security of the personnel, buildings and grounds, directing and handling all phases of traffic problems, maintaining an identification bureau, handling routine and special investigations and emergencies that may arise at any time with the same powers as any metropolitan police officer.

POLICE POWERS AND FUNCTIONS OF THE SECURITY UNIT - cont.

9.0 The Security Unit will be concerned with the specific enforcement of this section which further states: The Business Manager and each police officer have all the powers of Peace Officers.

9.1 The Security Unit will be responsible for the regular patrolling of the grounds and periodic check-ups of the various cottages. Inquiries on the wards will be limited to the Officer checking with the Technician in charge, in the ward office, and ascertaining if all patients are present and everything is in order. If, upon examination, there appears to be an irregularity in the ward supervision that comes within the nature of a public offense, such as intoxication or improper conduct, the Security Officers have the authority to enter the ward for further investigation and action.

9.2 In the event of a disturbance or emergency on a ward, the Technician in charge will notify the switchboard operator who will in turn immediately notify the Security Officer to report to the designated cottage or area. The switchboard operator will then notify the Supervisor's Office.

10.0 REMEMBER, AN ESCAPE OR TROUBLE MUST BE REPORTED AT ONCE TO THE SWITCHBOARD OPERATOR.

10.1 In the event of burglary, illegal entry, theft or any other offense where fingerprints taken at the scene of the crime can be used in the identification and subsequent arrest of the guilty person or persons, do not touch, move or handle anything in or around the scene of the crime.

10.2 If reports of escapes or difficulties are made promptly, it will be possible to have someone on the scene in minimum time. There is a patrol car constantly patrolling the grounds and area. The Security Officer may be promptly reached by the Switchboard Operator.

A. REMEMBER, this unit is here to help YOU preserve law and order, protect the lives of our patients and personnel, and to protect State property. It is only with complete cooperation on your part that the Security Unit can function effectively.

B. In revising these regulations we have incorporated more detailed thinking both for the benefit of our employees and visitors to our institution. It is apparent that although the Security Force has this authority, they must use reasonable prudence in exercising this power.

C. Copies of this regulation are to be posted in various conspicuous areas throughout the institution and incorporated within the policy and nursing handbooks.

ACCIDENTS INVOLVING STATE VEHICLES

1.0 The Security Department handles all accident reports involving State vehicles on or off the Hospital grounds.

2.0 If you are involved in an accident while operating a State vehicle, the following procedure is to be followed:

A. If no vehicle other than your own is involved, make a complete report of the pertinent facts in your own handwriting on Accident Report Form #270 which is in the glove compartment of vehicle. Sign your name and take to the Security Department IN PERSON within 24 hours.

B. If accident occurs on the Hospital grounds and involves other vehicles beside your own (whether State or private) or property damage, obtain license number of other vehicle, name of owner, the names of all witnesses and all other pertinent facts. Before moving vehicle, call the Security Office so that an investigation can be made if necessary.

3.0 If accident occurs off the Hospital grounds and does not involve any vehicle other than your own and there is no property damage, proceed as in 2.0-A above. Be sure to get the names of any witnesses who observed the accident.

3.1 If the accident occurs off the Hospital grounds and another vehicle is involved or any personal or property damage is sustained, where the damage is slight comply with the following:

A. Notify the proper authorities: California State Highway Patrol, City Police or County Sheriff's Office.

B. Notify the Security Office by telephone immediately. Do not attempt to move your vehicle.

C. Secure names of all witnesses and investigating officers.

3.2 If the accident occurs off the Hospital grounds and involves considerable property damage or personal injury, comply with the following:

A. Notify the proper authorities: California State Highway Patrol, City Police or County Sheriff's Office.

B. In event of serious bodily injury, notify the Security Office by telephone, and do not attempt to move vehicle or injured person or persons unless California Highway Patrol authorities direct you otherwise.

C. Secure names of all witnesses and investigating officers.

D. In any case, when you are driving a State-owned vehicle that is involved in an accident, no matter how slight, a report must be submitted to the Security Office within 24 hours on Accident Form #270. This procedure is required by State Law and is for your benefit.

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